

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

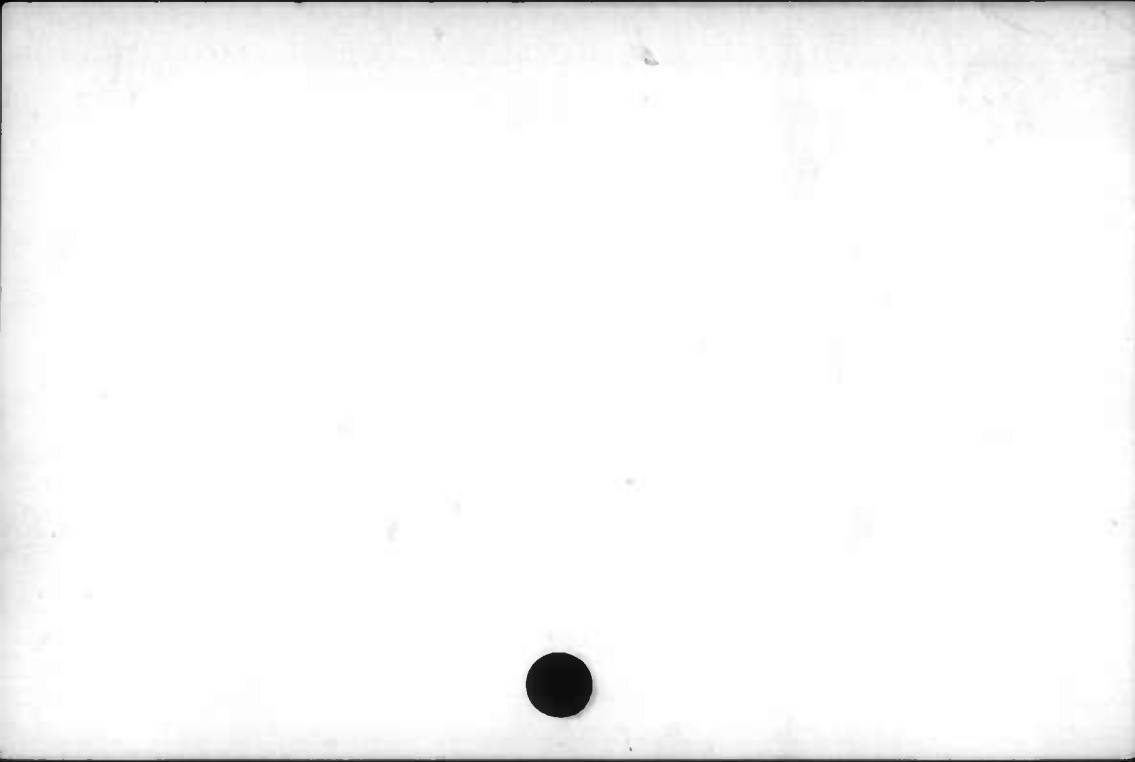
Died at <i>Cumberland</i>		County <i>allsgary</i>		MARYLAND	
Date of death 190	Month <i>11</i>	Day <i>8</i>	Age <i>70</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Celand</i>		Birth-place <i>MD</i>		
Occupation <i>House Wife</i>	Where Residing If not at place of death <i>Cumberland</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Don</i>				
Father's Name <i>DEEKINS</i>	Father's Birthplace <i>Don Kison</i>				
Mother's Maiden Name <i>DSEKINS</i>	Mother's Birthplace <i>..</i>				
Name of person giving Information <i>allson toy</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 dys -</i>
Immediate <i>Cardiac Failure</i>	How long <i>12 hrs -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Spurgeon Shands</i>
<i>yes</i>	Address <i>104 N. McChaw</i>
Accident or Suicide <i>yes</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

Alexandria Allen Jr.

Town

Annerland

County

Alleg

MARYLAND

Died at

Date

of death

1909

9

Nov

Month

Day

22

Age

Years

—

Months

—

Days

12

Sex

Male

Color or  
Race

Colored

Birth-  
place

Cumuld

Occupation

None

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Alex Allen

Father's  
Birthplace

Va

Mother's  
Maiden Name

Prudie Fry

Mother's  
Birthplace

Bedford Pa

Name of person giving  
Information

Alex Allen

How related  
to deceased

Father

CAUSES OF DEATH

157

Primary

Feeble Constitution

How long

12 days

Immediate

Convulsions

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

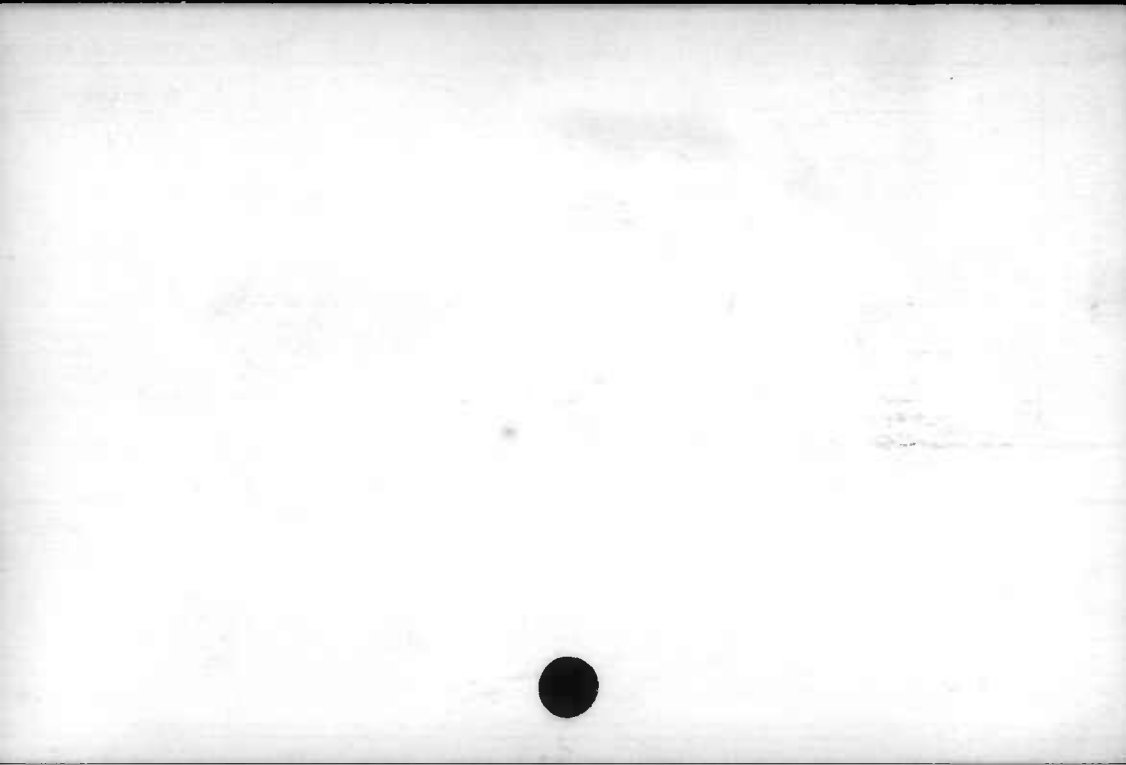
Address

J. M. Spear

PHYSICIAN  
OR CORONER

LOUIS STEIN

Accident or Suicide



Name  
in  
Full

Elizabeth Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Nov	24	Age	29		
Sex		Color or Race		Birth-place			
Female		White		Ma			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Geo Ambrose					
Father's Name		Father's Birthplace					
B. H. Stoller		N. Va					
Mother's Maiden Name		Mother's Birthplace					
Emma Catlett		D. K.					
Name of person giving Information		How related to deceased					
Geo Ambrose		Husband					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Impure blood Pulmonary	How long	2 yrs
	Immediate	Exhaustion	How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes		Geo H. Braden M.D.	
Address		Cumberland		
Accident or Suicide		No		
Great Cacapon N. Va				

Great Cacapon

138 Penn Ave.

Name  
in  
Full

Viola Ambrose.

CERTIFICATE OF DEATH

Died at <sup>Town</sup> *near Cumberland* <sup>County</sup> *Alleg.* **MARYLAND**  
 Date of death <sup>Month</sup> *Nov* <sup>Day</sup> *2* <sup>Years</sup> *1909* Age <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Female* Color or Race *White* Birth-place *Cumtba.*  
 Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*  
 Father's Name *George Ambrose.* Father's Birthplace *W. Va.*  
 Mother's Maiden Name *Lizzie M. Stoller.* Mother's Birthplace *W. Va.*  
 Name of person giving Information *George Ambrose.* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *2 weeks*  
 Immediate *Meningitis & Sphincter* How long *2 days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. L. Broadus M.D.*  
*Dr. E. C. Cason* Address *Cumtba. Md.*  
 Accident or Suicide *No* *98 Va. av.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Great Cocapam

Morgan to

Mr. See

Name  
in  
Full

*Fredrick Oscar. Anderson*  
Town *Cripple Creek* County *Colorado*

CERTIFICATE OF DEATH

MARYLAND

Died at *Cripple Creek* *Colorado*  
Date of death *1909* Month *Nov.* Day *20* Age *38* Months *11* Days *10*

Sex *Male* Color or Race *White* Birth-place *Sweden*

Occupation *Tanner* Where Residing if not at place of death *Chaparral, Col.*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret-Ellen King.*

Father's Name *Peter - Anderson* Father's Birthplace *Sweden*

Mother's Maiden Name *Don't know,* Mother's Birthplace

Name of person giving Information *M. E. Anderson* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Fracture of Spine.*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

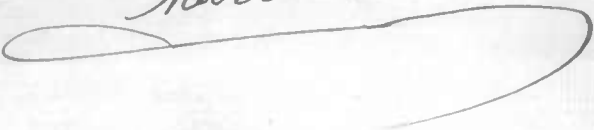
Signature of Physician *Dr. Wm. Harensplug.*  
Address *Cripple Creek, Colorado.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Williamsport, Maryland  
Interment in River View Cemetery.  
By J. F. Preps. Undertaker.  
March 20<sup>th</sup> 1910.



Name  
in  
Full

## CERTIFICATE OF DEATH

Mrs Jennette Barber

Died at <sup>Town</sup> Vale Summit <sup>County</sup> Allegany Co MARYLAND

Date of death 1909 Nov 9 Age 72 Months 19 Days

Sex Female Color or Race White Birth-place Scotland

Occupation housewife Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband John Barber

Father's Name John. Barber Father's Birthplace Scotland

Mother's Maiden Name Jennette Irvin Mother's Birthplace

Name of person giving Information David. Barber How related to deceased Son

## CAUSES OF DEATH

Primary Heart Disease How long 3 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. M. Price, Perm  
Hosbany

Filed 1909

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Frederick F. Smith

Eschert

Name  
in  
Full

(Stillborn)

Bizzariane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

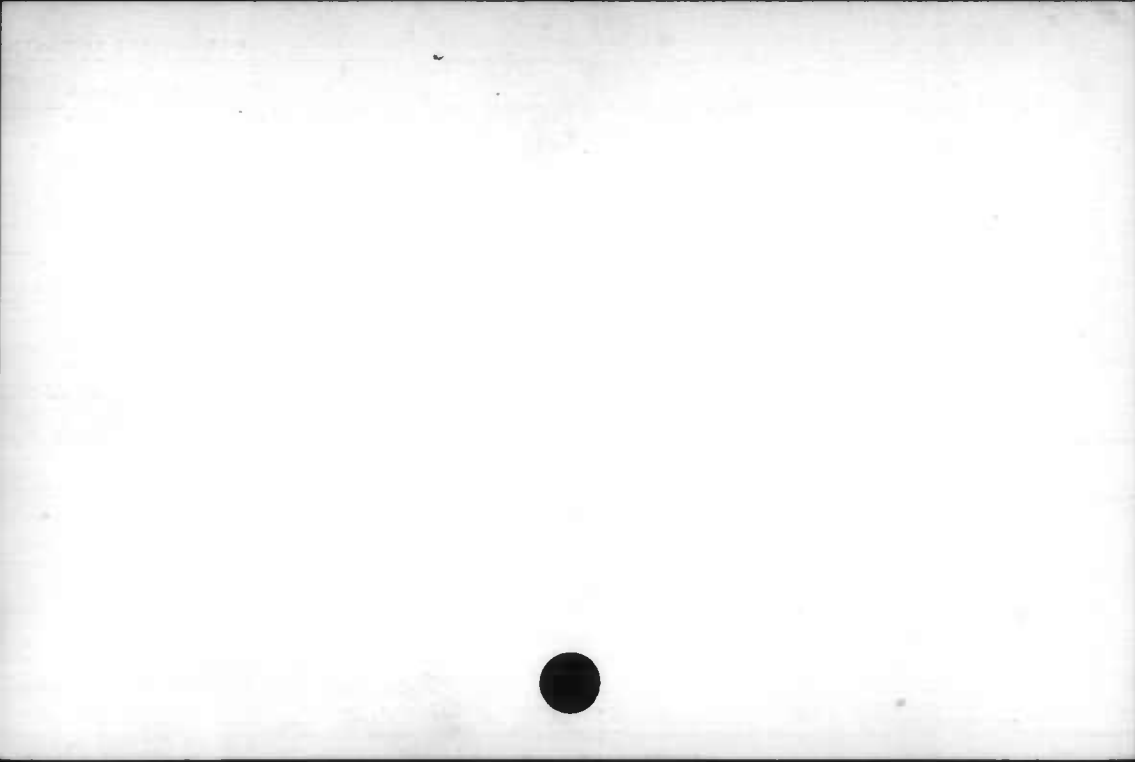
Died at Cumtland Town Allegheny County MARYLAND  
Date of death 1909 Month Nov Day 13 Age — Years — Months — Days 1  
Sex Female Color or Race White Italian Birthplace Italy  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Mar Bizzarian Father's Birthplace Italy  
Mother's Maiden Name Bellina Longmire Mother's Birthplace Italy  
Name of person giving Information Father How related to deceased Father

CAUSES OF DEATH

Primary Stillborn How long 8  
Immediate Stillborn How long —  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. K. Brindrup  
Still Address Cumtland  
Accident or Suicide No

PHYSICIAN  
OR CORONER



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edward J Borgman

Died at Cumberland Alle

MARYLAND

Date of death 1909 Nov 20 Age 40

Sex Male Color or Race White Birth-place Md

Occupation Laborer Where Residing if not at place of death Western Md RR Bridge

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John H Borgman Father's Birthplace Germany

Mother's Maiden Name Mary Bishop Mother's Birthplace Germany

Name of person giving Information Francis Borgman How related to deceased Brother

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Struck by Wm Md train

Immediate Internal hemorrhage Immediate

Are the name, age, sex, color, date and place correctly given above?

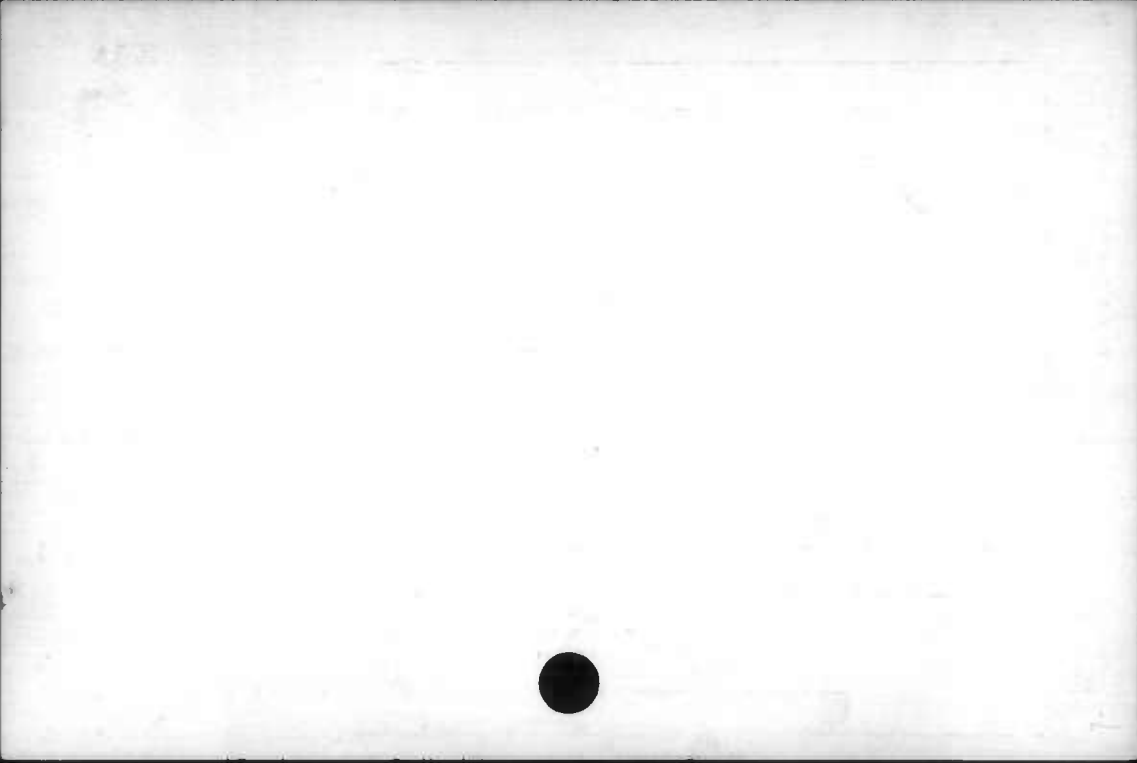
Yes.

Signature of Physician

Address

Coroner John J. Dressman  
Cumberd, Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Estelle Brown

Town

County

MARYLAND

Died at

Frostburg

Alley

Date

Month

Day

Age

Years

Months

Days

of death

1909 Nov

22

Years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Frostburg

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Charles Curry

Father's  
Birthplace

Ma-

Mother's  
Maiden Name

Florence Brown

Mother's  
Birthplace

Md

Name of person giving  
In formation

Florence Brown

How related  
to deceased

Mother

## CAUSES OF DEATH

152

Primary

Accidental Asphyxiation

How long

✓

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. L. Curry  
Frostburg

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

F. F. & U Co

Allegheny

Name  
in  
Full

CERTIFICATE OF DEATH

*Peter Brown*

TO BE ANSWERED BY  
NEAREST FRIEND

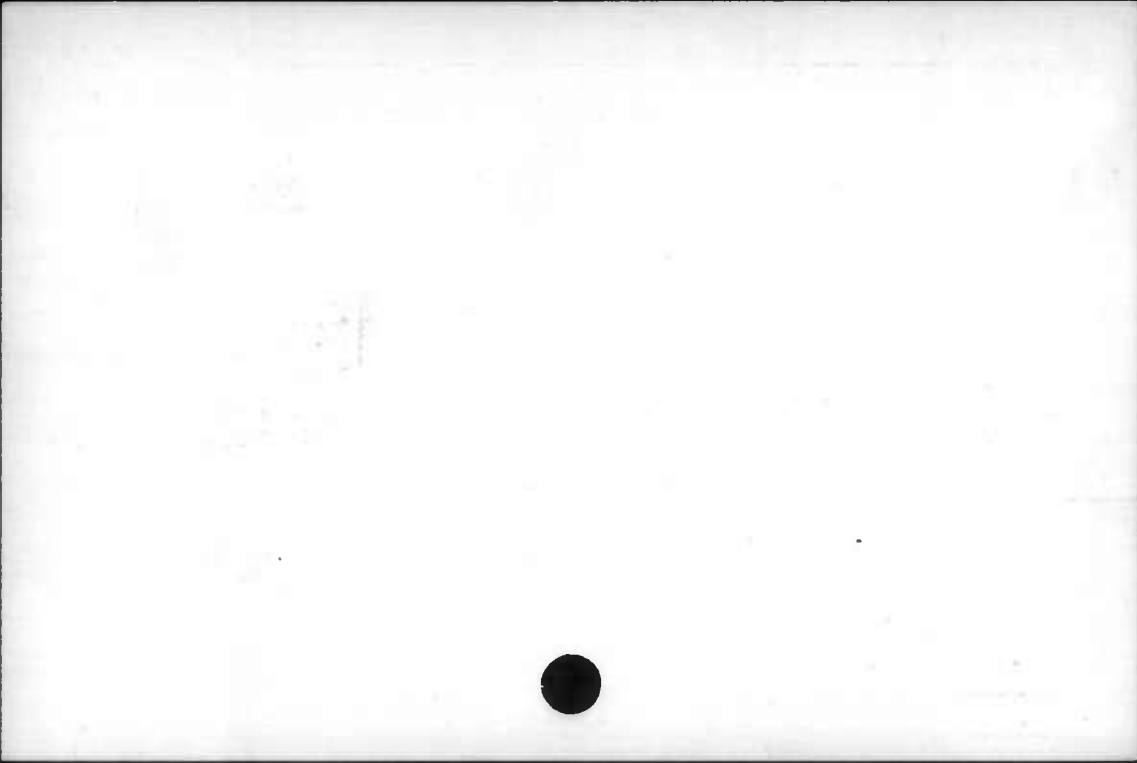
Died at <i>Cumberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>11</i> Day <i>13</i>	Age	<i>36</i> Years	<i>9</i> Months	Days
Sex	<i>Male</i>	Color or Race	<i>W.</i>	Birth-place	<i>Md.</i>
Occupation	<i>Merchant</i>	Where Residing if not at place of death		<i>Core Pa.</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Emma C. Brown</i>		
Father's Name	<i>Eli Brown</i>		Father's Birthplace	<i>Penn.</i>	
Mother's Maiden Name	<i>Catharine Shoemaker</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving Information	<i>Emma E Brown</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

*118*

PHYSICIAN  
OR CORONER

Primary	<i>Appendicitis, Perforated Abscess</i>	How long	<i>2 weeks.</i>
Immediate	<i>General peritonitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. L. Lankford</i>
<i>G. S. B.</i>		Address	<i>Cumberland Md</i>
Accident or Suicide	<i>No</i>		



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Joseph Carter</i>		Town <i>Hoffman</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Hoffman</i>		Month <i>Nov</i>		Day <i>10</i>		Age <i>18</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>The Summit, Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John H Carter</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth Delaney</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Wm P. Carter</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

**30**

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis spine</i>		How long <i>2 years</i>	
Immediate -		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Price M.D.</i>	
		Address <i>Chester, Del.</i>	
Accident or Suicide?			

Catholic

Hopes

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph P. Cavan* Town *Pekin* County *Allegheny* MARYLAND

Died at *Pekin* Month *November* Day *20* Age *16* Years Months *8* Days *-*

Date of death *1907*

Sex *male* Color or Race *white* Birth-place *Pekin*

Occupation *Pulp mill worker* Where Residing if not at place of death *-*

Married, Single or Widowed *single* Name of Wife or Husband *-*

Father's Name *Patrick J. Cavan* Father's Birthplace *Virginia*

Mother's Maiden Name *Mary Prehany* Mother's Birthplace *Ireland*

Name of person giving Information *Patrick J. Cavan* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

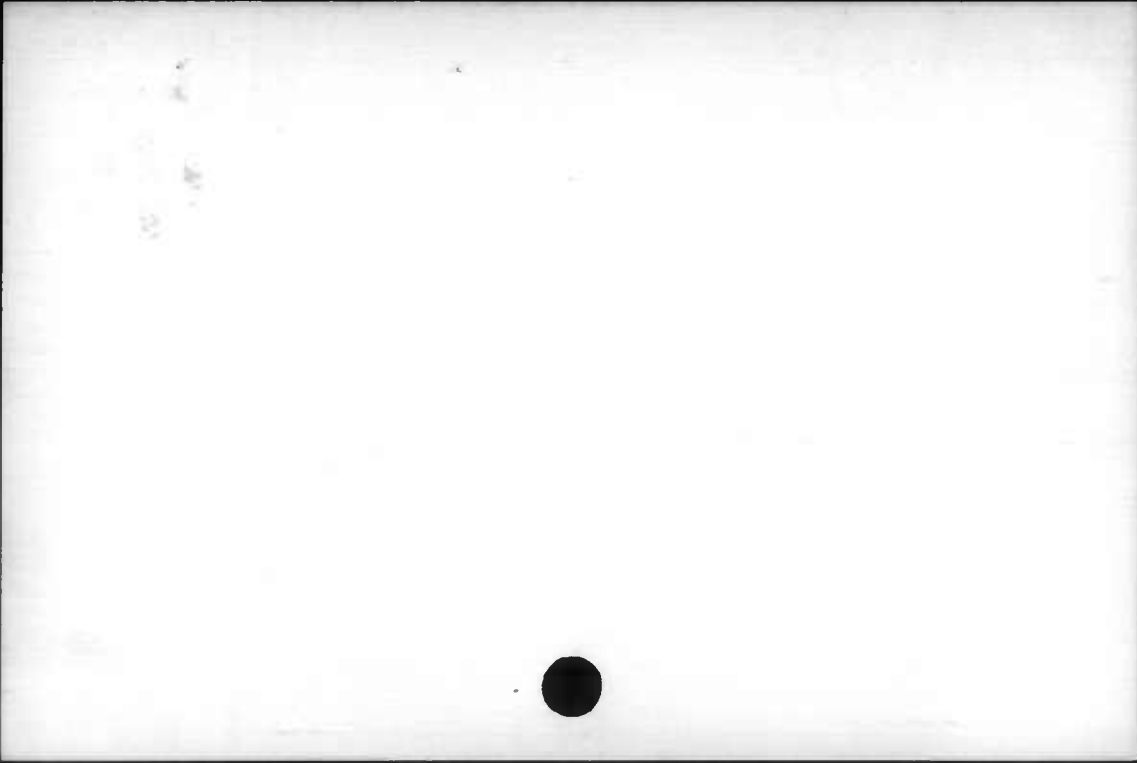
Primary *Typhoid fever* How long *12 days*

Immediate *Intestinal hemorrhage* How long *2 days -*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *James O. Bullock M.D.*

Address *Conowingo Maryland*

Accident or Suicide *no -*



Name  
in  
Full

Katie E. Clark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumtland <sup>Town</sup> alleg <sup>County</sup> MARYLAND

Date of death 1909 Nov. <sup>Month</sup> 10 <sup>Day</sup> Age 50 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Female Color or Race White Birthplace W. Va.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Walter B. Clark

Father's Name Chas. Reidenhour Father's Birthplace W. Va.

Mother's Maiden Name Susan Hellsch Mother's Birthplace Ind.

Name of person giving Information Walter B. Clark How related to deceased Husband.

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary Cancer of uterus How long 1 1/2 yrs.

Immediate uremic poisoning How long 2 days

Are the name, age, sex, color, date and place correctly given above? True.

Signature of Physician Thos. H. Brown Address Cumtland Ind.

Accident or Suicide —

Her. Shuck.  
Chas Wolfe  
Capt Bussard

Name  
in  
Full

Mary Elizabeth Dean

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Nov.	Day	23
Age	33	Years		Months	11
Sex	Female	Color or Race	White	Birth-place	Pennsylvania
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>George Dean</i>			
Father's Name	<i>William Morrison</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sarah Catherine Close</i>			Mother's Birthplace	<i>Pennsylvania</i>
Name of person giving information	<i>Anna B. Dorcas</i>			How related to deceased	<i>Sister</i>

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

36

Primary

*Probably Syphilitic Lesions of mouth and throat*

How long

*2 months*

Immediate

*Anemia*

How long

*1 month*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*A. R. Walker,*  
*Frostburg.*

Accident or Suicide?

Allegany,  
F. F. & H. Co

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

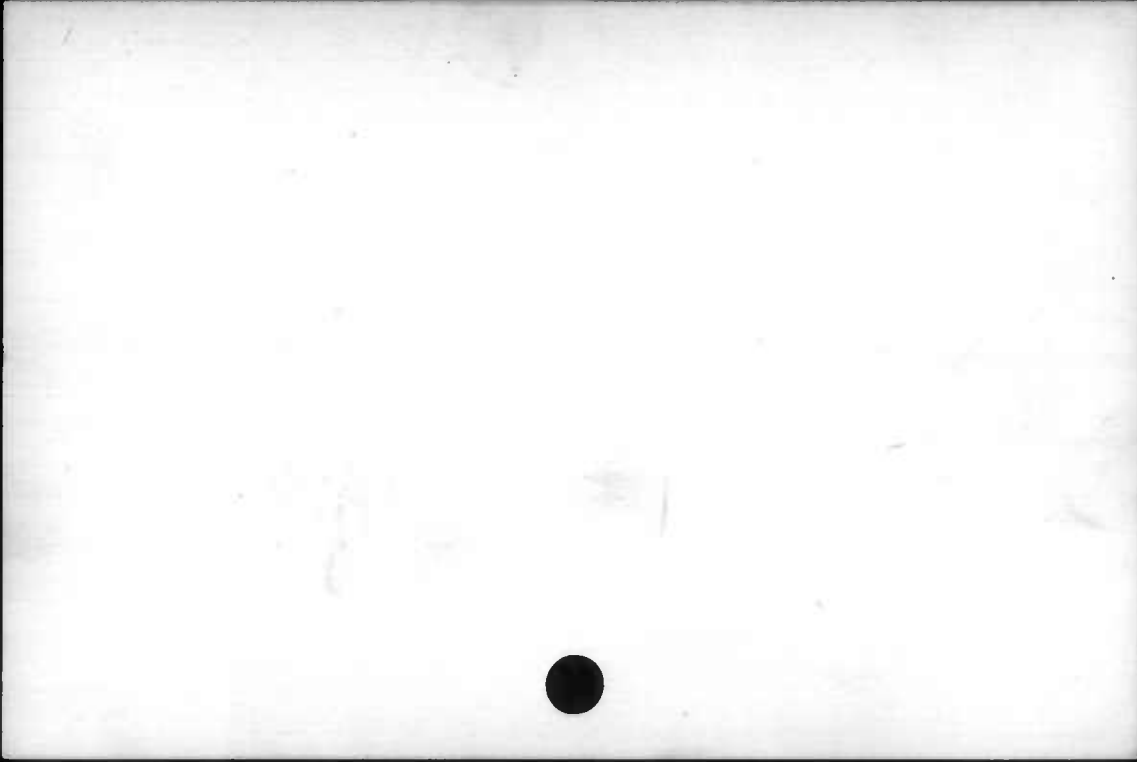
Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1909	Month	Nov	Day	18	Age	38
Sex	Male	Color or Race	White	Birthplace	W. Va	Months	Days
Occupation	Black Smith		Where Residing if not at place of death		—		
Married, Single or Widowed	Married		Name of Wife or Husband		Bertie R Deck		
Father's Name	J. B. Desk		Father's Birthplace		W. Va		
Mother's Maiden Name	Sarah Francis McABee		Mother's Birthplace		Md		
Name of person giving Information	Bertie R Deck		How related to deceased		Wife		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Complication of disease</i>	How long	<i>Several years</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>H. V. Demming</i>	
Address		<i>134 N. Center St</i>	
Accident or Suicide		<i>Summerville Md</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Marie Dellinger  
 Died at Cumtob Town Accugay County  
 Date of death 1909 Nov Month 11 Day Age — Years Months 4 Days —  
 Sex Female Color or Race White Birthplace Cumtob  
 Occupation none Where Residing if not at place of death —

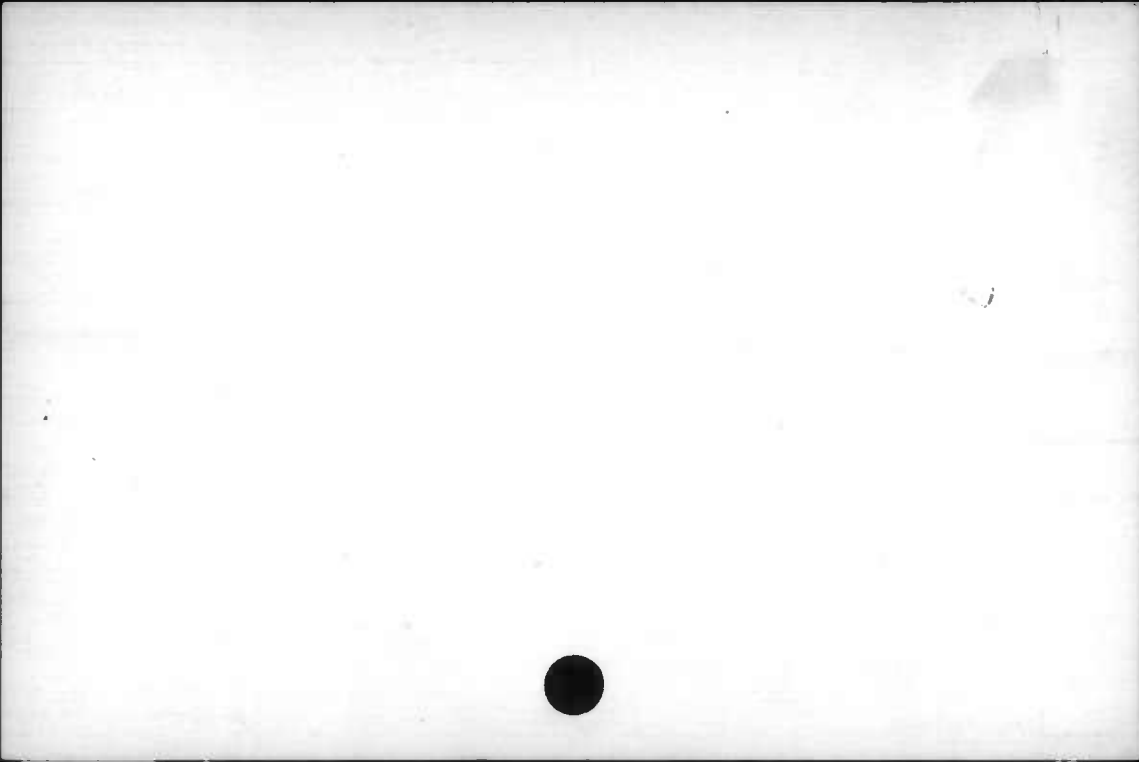
Married, Single or Widowed Single Name of Wife or Husband —  
 Father's Name George Dellinger Father's Birthplace Cumtob  
 Mother's Maiden Name Halle Korthcraft Mother's Birthplace Pa.  
 Name of person giving Information George Dellinger How related to deceased Father

## CAUSES OF DEATH

105 ✓

PHYSICIAN  
OR CORONER

Primary Gastro-Enteritis How long 3 months  
 Immediate Exhaustion How long 1 week  
 Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician W. R. Hodges  
Stuck Address H. Cumberland, Ind.  
 Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Evelyn Drenning* Town *Cumberland* County *Alleg.* MARYLAND

Died at *Cumberland* *Alleg.*

Date of death 1909 *Nov.* Month *21* Day *36* Age *1* Months *18* Days

Sex *Female* Color or Race *White* Birth-place *West Va*

Occupation *Housewife* Where Residing if not at place of death *md. ave.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm C Drenning*

Father's Name *Wm Jackson* Father's Birthplace *Va*

Mother's Maiden Name *Mary Carter* Mother's Birthplace *W. Va.*

Name of person giving Information *James W Jackson* How related to deceased *Brother*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Bright's disease* How long *1 yr*

Immediate *Tubercular pneumonia* How long *1 yr*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. L. L. L. L.*

Address *Cumberland*

*Franklyn. Md*

LOUIS STEIN.

Accident or Suicide

Charles Westcott  
Will City  
Franklin "  
Jemima Virily City  
Miss Bell "  
Isora Wilson "

Name  
in  
Full

Sarah Ann Dublin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumtland Town Allegheny County **MARYLAND**

Date of death 190 9 Month Nov Day 6 Age 64 Years Months 3 Days 9

Sex Female Color or Race White Birth-place Va

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Gabriel Dublin (Wid)

Father's Name Joseph Soule Father's Birthplace Va

Mother's Maiden Name Soule Mother's Birthplace Va

Name of person giving Information Miss Sarah Dublin How related to deceased Daughter

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

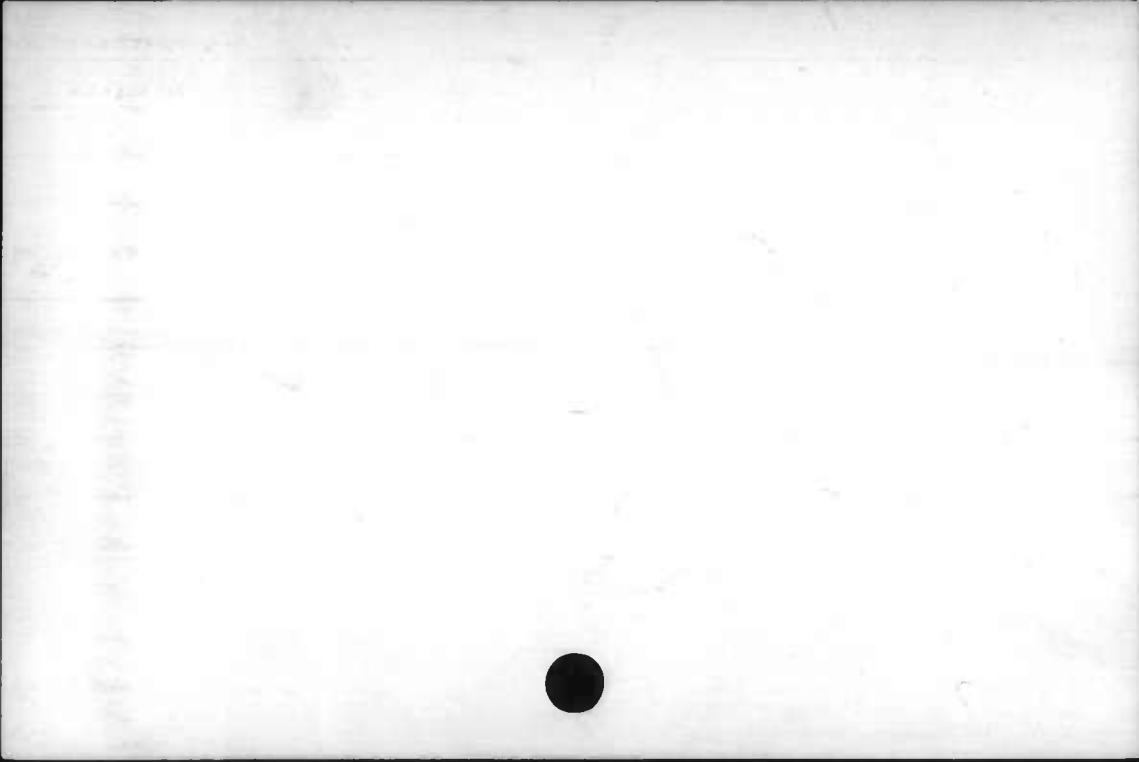
Primary Gastrointestinal infection How long 1 mo

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. H. Broadup M.D.

Steve Address Cumtland, Md

Accident or Suicide No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harry Andrew Finkeldy

Town

County

Died at

Cumberland

Alling

MARYLAND

Date

of death 1909

Month

Nov.

Day

14

Years

Age 58

Months

5

Days

22

Sex

Male

Color or  
Race

White

Birth-  
place

New Jersey

Occupation

Baker

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

John Casper Finkeldy

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Anna Dorothy

Mother's  
Birthplace

Germany

Name of person giving  
Information

J. A. Finkeldy

How related  
to deceased

Brother

## CAUSES OF DEATH

104

✓

PHYSICIAN  
OR CORONER

Primary

Hepatitis &amp; Enteritis

How long

1 mo.

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

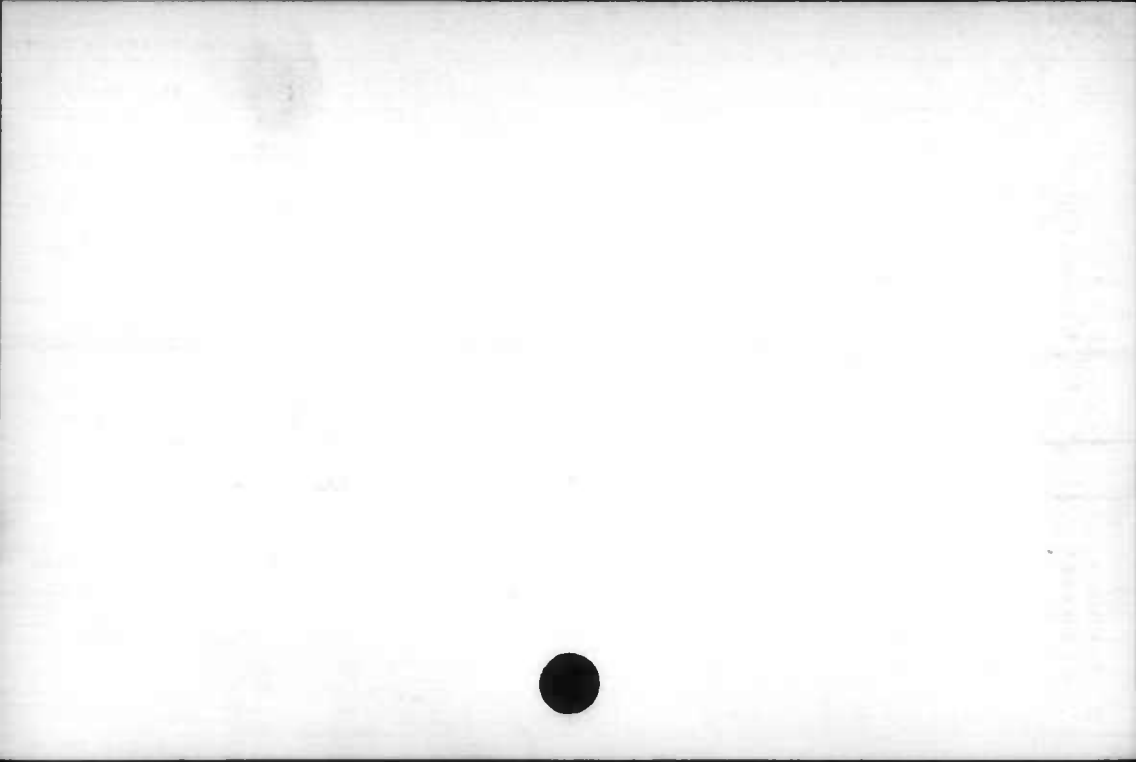
Dr. H. Broadbent  
Cumberland

Accident or Suicide

no

98 Vaan

Md.



Name  
in  
Full

CERTIFICATE OF DEATH

Edward Flynn

Town

County

MARYLAND

Died at *Monkton*

Date

Month

Day

Year

Months

Days

of death 1909

*Nov*

*17*

Age

*84*

Sex

*Male*

Color or  
Race

*White*

Birth  
place

*Ireland*

Occupation

*Retired*

Where Residing if not  
at place of death

*—*

~~Married, Single~~  
or Widowed

Name of Wife or  
Husband

*Elizabeth Flynn*

Father's  
Name

*— Flynn*

Father's  
Birthplace

*Ireland*

Mother's  
Maiden Name

*—*

Mother's  
Birthplace

*Ireland*

Name of person giving  
In formation

*Robert Flynn*

How related  
to deceased

*Son*

CAUSES OF DEATH

*79*

Primary

*Valv. Heart disease*

How long

*Years*

Immediate

*Found dead in bed*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*[Signature]*

Address

*Monkton Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J. Hafey  
Cathol Am

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Nov

20

Age

—

8

—

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

none

Where Residing If not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

James Franklin

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rose Abbie

Mother's  
Birthplace

Md

Name of person giving  
Information

James Franklin

How related  
to deceased

Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Nasos Enteritis

How long

1 mo

Immediate

Exhaustion

How long

1 wk

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

LOUIS STERN

Accident or Suicide

no

Dr C L Owens  
Cumberland Md  
Owens

66 Gay St

Name  
in  
Full

Bessie M. Free

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Alleg.		MARYLAND	
Date of death		190	9	Month Nov.	Day 17	Age 35	Years Months Days
Sex Female		Color or Race White		Birth- place Hymudman Pa.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband J. B. Free					
Father's Name Samuel T. Worsing		Father's Birthplace Pa.					
Mother's Maiden Name Louisa Crow		Mother's Birthplace Md.					
Name of person giving Information J. B. Free		How related to deceased Husband					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Consumption	How long Several years
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/> Yes	
Signature of Physician J. L. L. Loring	
Address 134 N. Center St. Cumberland Md.	
Accident or Suicide	



Name  
in  
Full

Elizabeth Gerdeman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Cumberland Town Allegheny County

MARYLAND

Date of death 1909 Nov 12 Age 73 Months - Days -Sex Female Color or Race White Birth-place GermanyOccupation retired House Keeper Where Residing if not at place of death -Married, Single or Widowed Widow Name of Wife or Husband Henry -Father's Name John Peter Shellhame Father's Birthplace GermanyMother's Maiden Name Do not know Mother's Birthplace GermanyName of person giving Information Rose Gerdeman How related to deceased daughter

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONERPrimary Angina Pectoris How long 12 hours

Immediate

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician H. W. WileyAddress Cum gratia - Md.

Accident or Suicide



Name  
in  
Full

Gunder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		11	24	6			1
Sex	Female		Color or Race	White		Birth-place	Cumberland
Occupation	none		Where Residing if not at place of death		Cumberland		
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	T. E. Gordon				Father's Birthplace	md	
Mother's Maiden Name	Mary Ridgway				Mother's Birthplace	W Va	
Name of person giving Information	T. E. Gordon				How related to deceased	Father	

CAUSES OF DEATH

Primary	Prematurity	How long	151 ✓
		How long	2 mos
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. L. Owens M.D.	
Address		Cumberland md	
Accident or Suicide		no	

PHYSICIAN  
OR CORONER



Name  
in  
Full

infant - Mr & Mrs Geo. Heilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Camden County Amey MARYLAND  
Died at  
Date of death 1909 Month Nov Day 20 Age — Months — Days 1/2 hour  
Sex male Color or Race White Birth-place Camden  
Occupation — Where Residing If not at place of death Lake Md

Married, Single or Widowed — Name of Wife or Husband —  
Father's Name George Heilman Father's Birthplace Pa.  
Mother's Maiden Name Anna Capps Mother's Birthplace N.Y.  
Name of person giving Information George Heilman How related to deceased Father

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

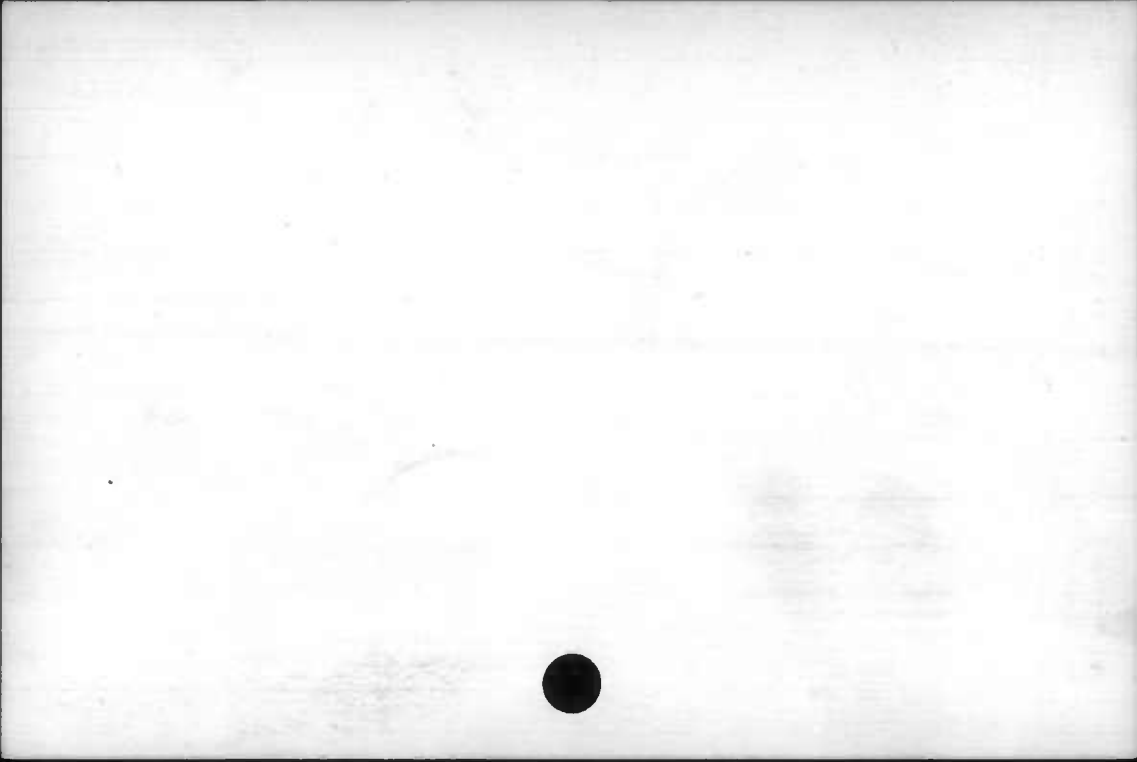
Primary Eclampsia How long 2 days  
Immediate Shock How long 30 min.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician William Burns  
Address Camden

LOUIS STEIN

Accident or Suicide Westport Md



Name  
in  
Full

*Anna M. Heilman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup>		<i>Alleg</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	<i>Nov.</i>	Day	<i>22</i>
Age	<i>23</i>	Years	<i>23</i>	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>N. J.</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>George Heilman</i>			
Father's Name	<i>Frank Copp</i>	Fether's Birthplace <i>N. J.</i>			
Mother's Maiden Name	<i>Don't know</i>	Mother's Birthplace <i>D.K.</i>			
Name of person giving Information	<i>Geo Heilman</i>	How related to deceased <i>Husband</i>			

CAUSES OF DEATH

*138*

PHYSICIAN  
OR CORONER

Primary	<i>Eclampsia</i>	How long	<i>1 mo</i>
Immediate	<i>following delivery</i> <i>Convulsion, Exhaustion</i>	How long	<i>2 days</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

LOUIS STEIN

Accident or Suicide

*Wintersport*

*Wm Burns*

*Cumberland*  
*Mo*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDate  
of death

1909

Month

Nov

Day

1

Age

Years

46

Months

Days

MARYLAND

Sex

Male

Color or  
Race

White

Birth-  
place

W Va

Occupation

Saloon-keeper

Where Residing if not  
at place of death

Cumberland

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Annanda Brand

Father's  
Name

J. P. Hicks

Father's  
Birthplace

W Va

Mother's  
Maiden Name

Sara Bannus

Mother's  
Birthplace

W Va

Name of person giving  
Information

Manda Hicks

How related  
to deceased

Wife

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. R. Hodges

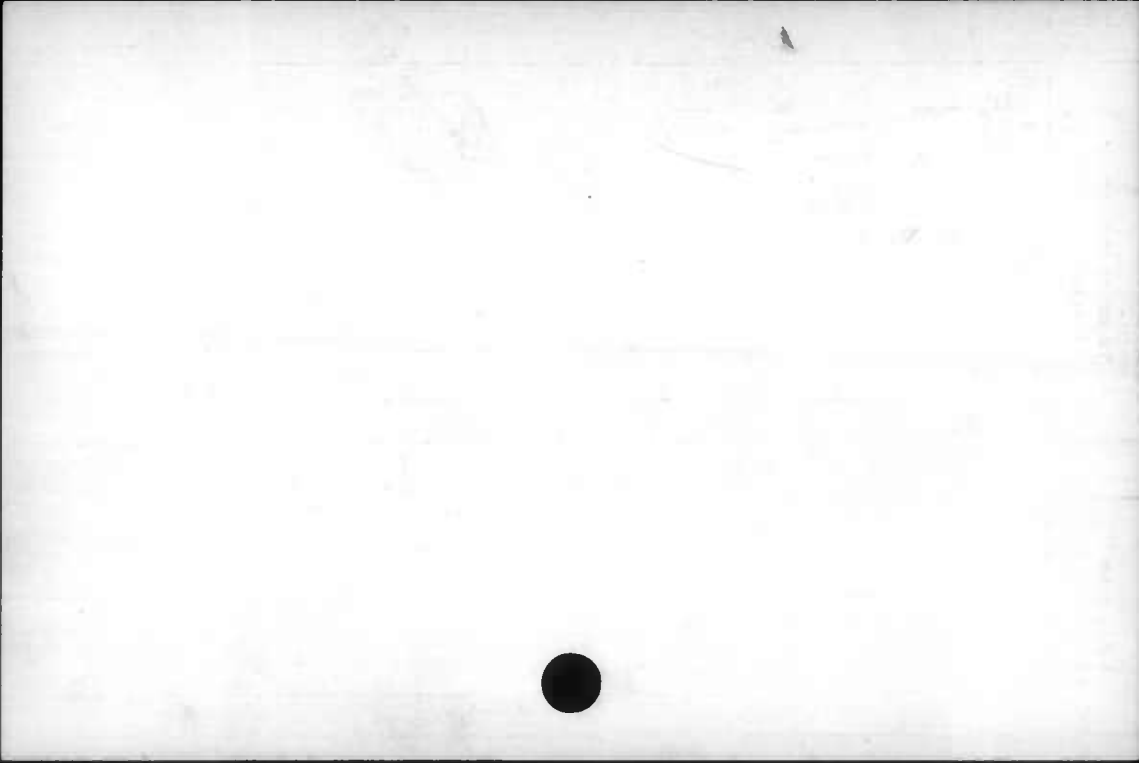
Address

Cumberland

Accident or Suicide

I. C. H.

Ind.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Hogan</i>		Town <i>Leckhart</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Leckhart</i>		Month <i>Nov.</i>		Day <i>22</i>		Years <i>14</i>	
Date of death <i>1909 Nov. 22</i>		Age <i>14</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Louacoring</i>			
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Frostburg</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Hogan</i>		Father's Birthplace <i>Louacoring</i>					
Mother's Maiden Name <i>Mary Gallagher</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>James " "</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

Primary <i>Crushed in Ocean Mine 3 1/2</i>	How long <i>Immediate</i>
Immediate <i>Concussion of brain</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Coroner</i>
	Address <i>John L. Dressman</i> <i>Crib'd; Md</i>
Accident or Disease <i>—</i>	

PHYSICIAN  
OR CORONER

Hafer, Catholic

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

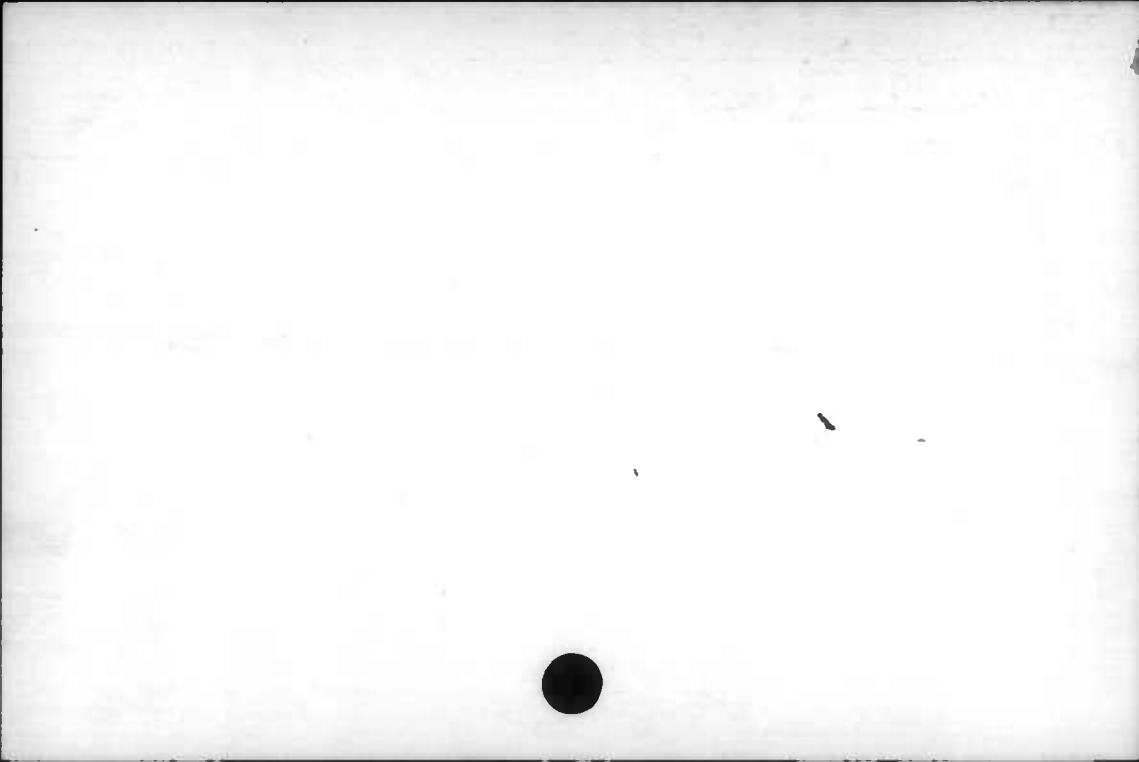
Died at <i>Lonaconing</i>		County <i>Alleghany</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>16</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Lonaconing</i>			
Occupation <i>Student</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Holmes</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Susan M. Madame</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Mr. &amp; Mrs. Holmes</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About six months</i>
Immediate <i>Infection</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Kelling M.D.</i>
	Address <i>Lonaconing</i>
Accident or Suicide <i>No</i>	



Name  
in  
Full

Susan Rebecca Johnson

CERTIFICATE OF DEATH

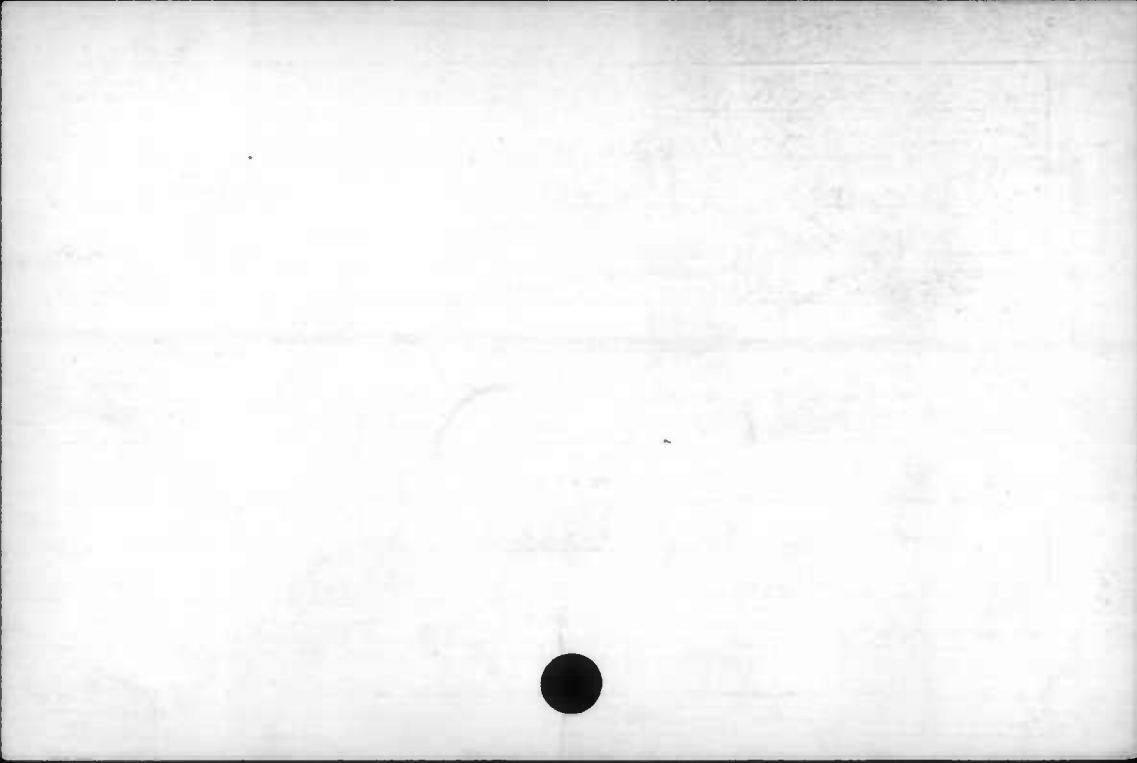
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Nov	Day	29th
Age	89	Years		Months	1
Sex	Female	Color or Race	white	Birth-place	Fredricks, Md
Occupation	Housewife		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Zachariah Johnson		
Father's Name	Peter Kephart		Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Anna Mary Peters		Mother's Birthplace	" "	
Name of person giving Information	Jack Sawyer		How related to deceased	Son in Law	

CAUSES OF DEATH

154

Primary	<u>Senile decay</u>	How long	1 mo
Immediate	<u>Coma</u>	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Esther Brown</u>
		Address	<u>Cumbr 2nd</u>
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Infant Kaufman* Town *Cumt* County *Allegh*

Died at *Cumt* Maryland

Date of death 190*9* Month *Nov* Day *5* Age *0* Years *0* Months *0* Days *1*

Sex *female* Color or Race *white* Birth-place *md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *J. J. Kaufman* Father's Birthplace *Ky*

Mother's Maiden Name *Annie Sullivan* Mother's Birthplace *Ma*

Name of person giving Information *Mrs J. J. Kaufman* How related to deceased *mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Unknown (Stillborn)* How long *3 days*

Immediate *Unknown* How long *3 days*

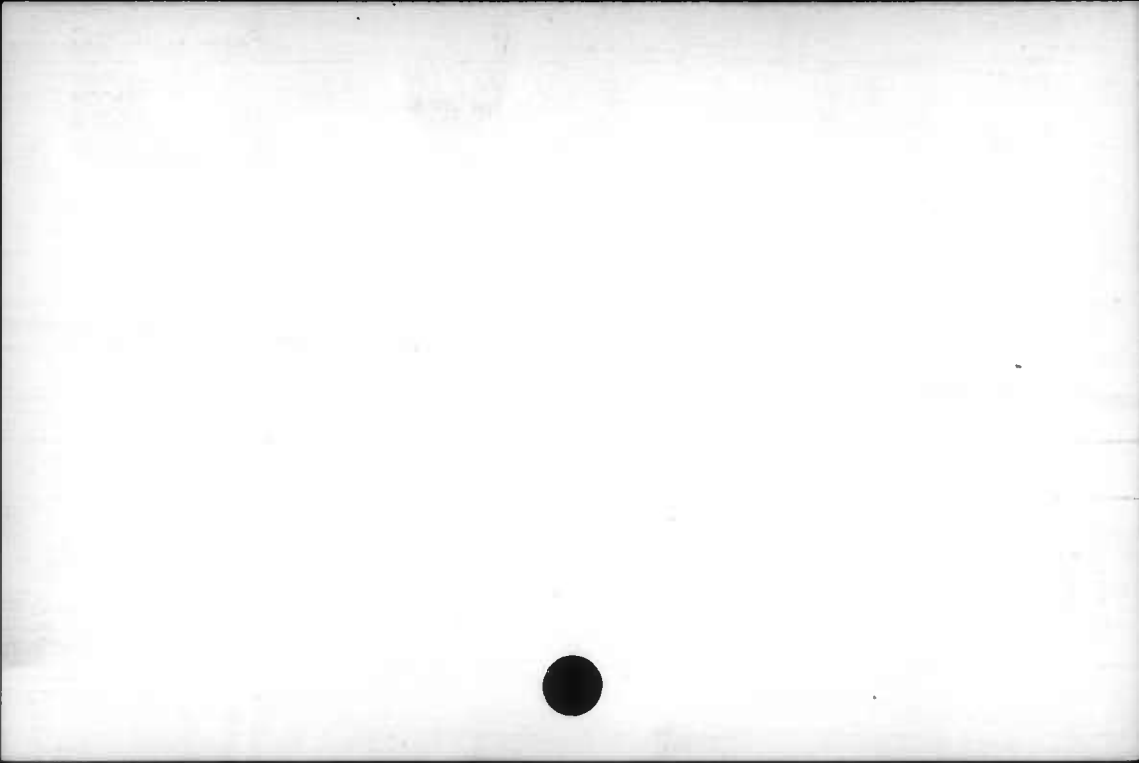
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of  
Physician

Address

*W. H. Brace**Cumt**md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *infant Kean*  
Town

County

MARYLAND

Died at *Brown*

Years

Months

Days

Date

of death

*1904*

Month

*Nov*

Day

*12*

Age

Sex

*Female*Color or  
Race*White*Birth-  
place*Md*

Occupation

*none*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Michael Kean*Father's  
Birthplace*Md*Mother's  
Maiden Name*Margaret Spoker*Mother's  
Birthplace*Md*Name of person giving  
Information*Michael Kean*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Premature*

How long

*8 Mos*

Immediate

*Heart. Loran Vale. (Blue child)*

How long

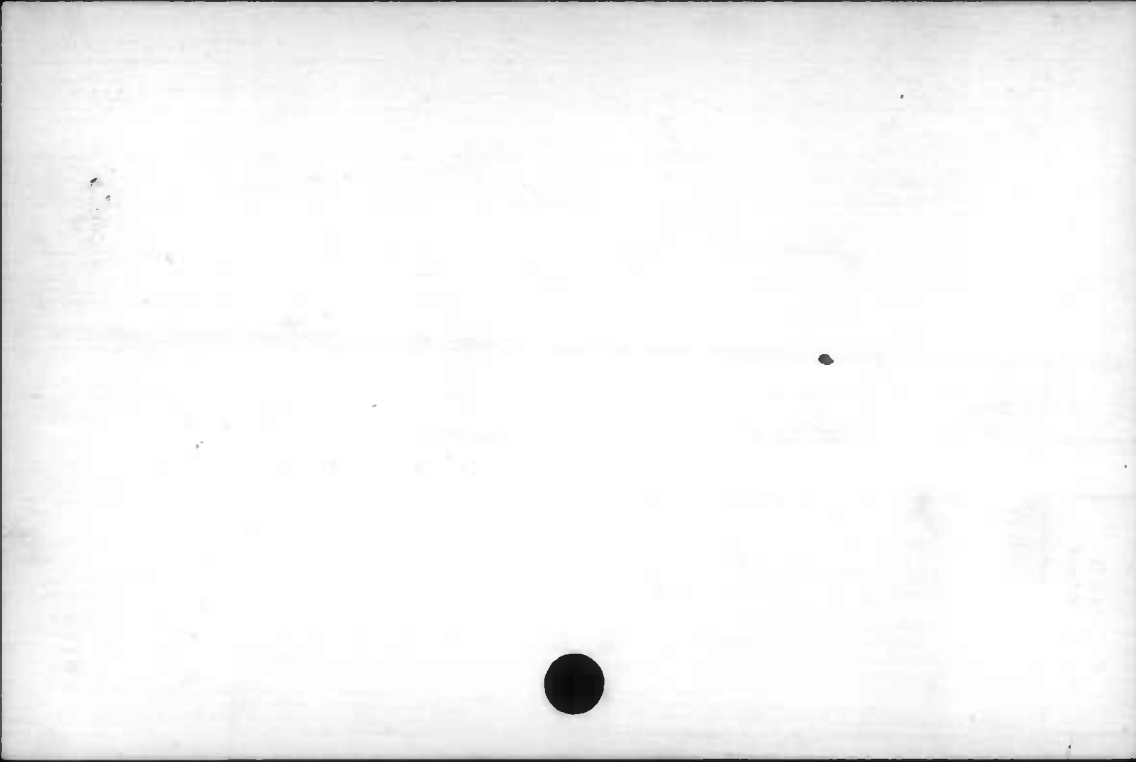
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*A. J. L. Loeper*

Address

*Cumbersburg**Franklin, Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edna Beatrice Keister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumtland Town Cumtland County MARYLAND

Date of death 190 9 Month Nov. Day 28 Age 12 Years 11 Months 26 Days

Sex Female Color or Race White Birth-place W. Va.

Occupation School girl Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Alma E. Keister Father's Birthplace Va.

Mother's Maiden Name Iola Zimmerman Mother's Birthplace W. Va.

Name of person giving Information Mother How related to deceased Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

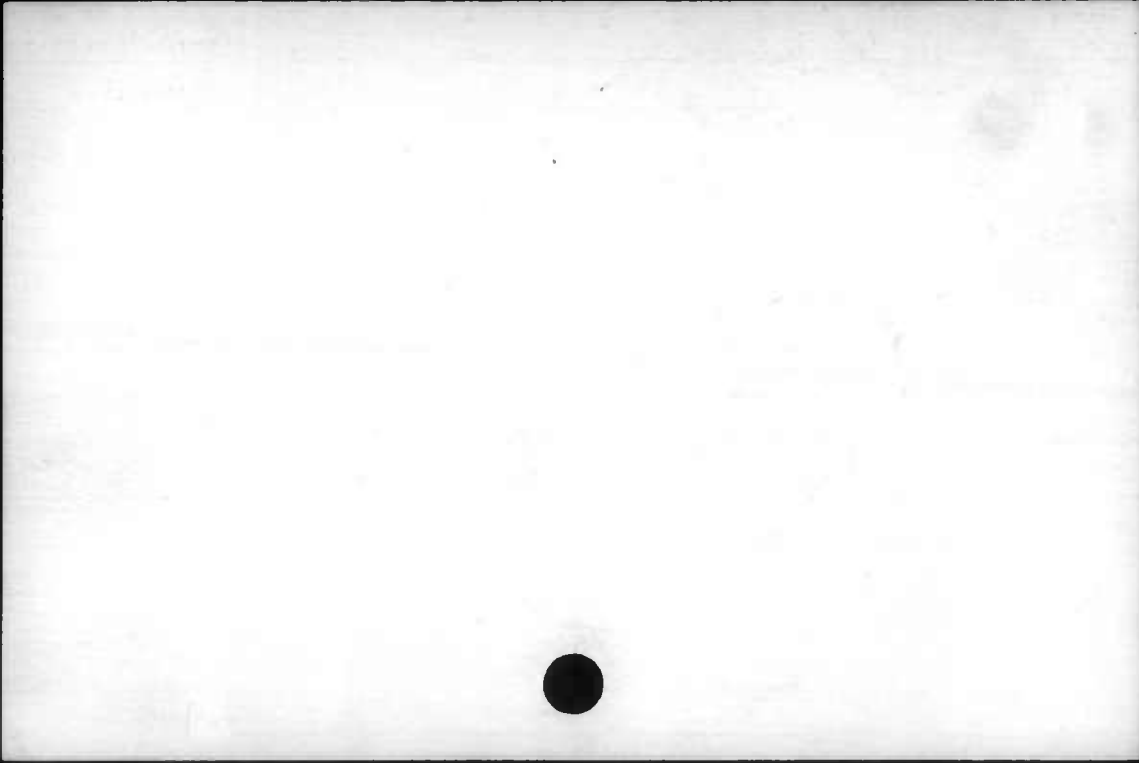
Primary Typhoid fever + Complication How long 1 mo

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Geo. L. Broadnax M.D.

Address 98 Va. av  
Cumtland Md.

Accident or Suicide No



Name  
in  
Full

*Daisy, A Lewis*

CERTIFICATE OF DEATH

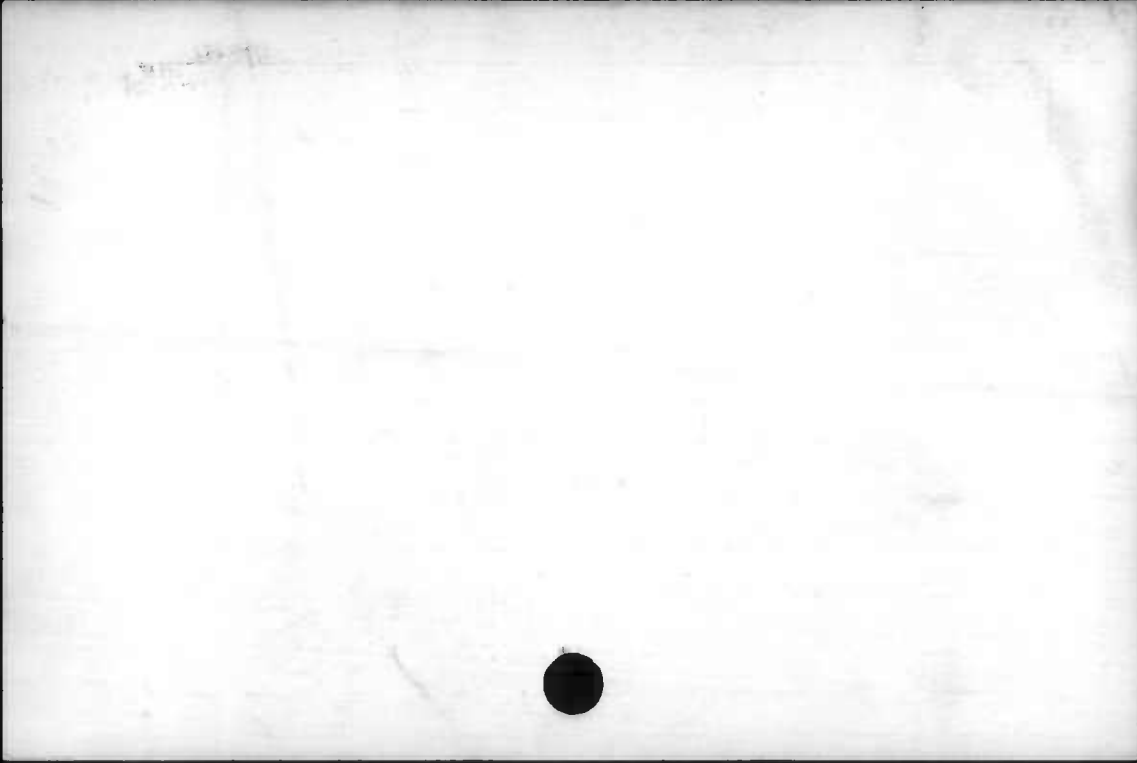
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>town</sup> <i>Alleg.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>Nov.</i> <sup>Day</sup> <i>9</i> <sup>Years</sup> <i>6</i>	Age <i>6</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cumberland</i>	
Occupation <i>Home School</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>		
Father's Name <i>Bernard D Lewis</i>	Father's Birthplace <i>Cumberland</i>		
Mother's Maiden Name <i>Florence Franklin</i>	Mother's Birthplace <i>Conn.</i>		
Name of person giving Information <i>Bernard Lewis</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Post-Diphtheritic Paralysis</i>	How long <i>5 days</i>
Immediate <i>Anuria, Heart Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Heard</i>	Signature of Physician <i>A. F. Franklin</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant Ginn  
Died at Cumtland Alleg MARYLAND  
Month Nov Day 19 Age — Years — Months — Days —  
Date of death 1909  
Sex Male Color or Race White Birth-place Md  
Occupation none Where Reaiding if not at place of death —  
Married, Single or Widowed Single Name of Wife or Huaband none  
Father's Name Geo Ginn Fether's Birthplace West Va  
Mother's Maiden Nama Edith Hotday Mother's Birthplace Md  
Nama of person giving Information Geo Ginn How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Prematurity How long 2 mo  
Immediata still born How long —

Are the name, age, aex, color, deta and placa correctly given above ?

Signature of Physician

Address

LOUIS STEIN.

Accident or Suicide —

W L L. Owens  
Cumtland Md  
Indians

10 bedden 21.

Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Fleming McAlpine

Town

County

MARYLAND

Died at

Lonacongo

Allegany

Date

of death

1909

Month

Nov

Day

4

Age

61

Months

1

Days

15

Sex

Female

Color or  
Race

white

Birth-  
place

Scotland

Occupation

Housewife

Where Raiding if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John McAlpine

Father's  
Name

James Fleming

Father's  
Birthplace

Scotland

Mother's  
Maiden Name

Margaret Smith

Mother's  
Birthplace

Scotland

Name of person giving  
Information

Jno. McAlpine

How related  
to deceased

Husband.

## CAUSES OF DEATH

113

Primary

Obstruction of gall bladder

How long

3 months

Immediate

Typhoid

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Henry M. Hodgson  
Lonacongo, Ind.

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John A. Mc Kee*

Town *Cumberland* County *Alleg.*

Died at *Cumberland* *Alleg.*

Date of death 1909 *Nov.* Month *20* Day *49* Age *3* Months *3* Days

Sex *Male* Color or Race *White* Birthplace *Cumbrd*

Occupation *Storekeeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Alleg Mc Kee* Father's Birthplace *Pa*

Mother's Maiden Name *Marguerite Alexander* Mother's Birthplace *Pa*

Name of person giving Information *Mrs. E.R. Niff* How related to deceased *Sister*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *2 yrs*

Immediate *Uraemia* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. E. L. Owens*

Address *Cumberland Md*

LOUIS STEN.

Accident or Suicide *no*

1560



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death		190	Month <i>Nov.</i>	Day <i>7</i>	Age <i>83</i>	Years	Months <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Manning</i>					
Father's Name <i>William Spill</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Ann Britt</i>		Mother's Birthplace <i>Cupland</i>					
Name of person giving information <i>W.B. Spill</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. B. Spill</i>	
		Address	
		<i>Frostburg Md</i>	
Accident or Suicide?			

Thorsting Furniture & Ind Co

---

Allegheny Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Jacob Wm. Marker*

**Died at** *Cumberland* **County** *Alleg.* **MARYLAND**

**Date of death** 190 *9* **Month** *Nov.* **Day** *15* **Age** *10* **Months** *—* **Days** *14*

**Sex** *Male* **Color or Race** *White* **Birth-place** *Cumbrd.*

**Occupation** *None* **Where Residing if not at place of death** *—*

**Married, Single or Widowed** *Single* **Name of Wife or Husband** *None*

**Father's Name** *Geo. G. Marker* **Father's Birthplace** *W. Va.*

**Mother's Maiden Name** *Fannie B. Carson* **Mother's Birthplace** *W. Va.*

**Name of person giving Information** *Geo. G. Marker* **How related to deceased** *Father*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

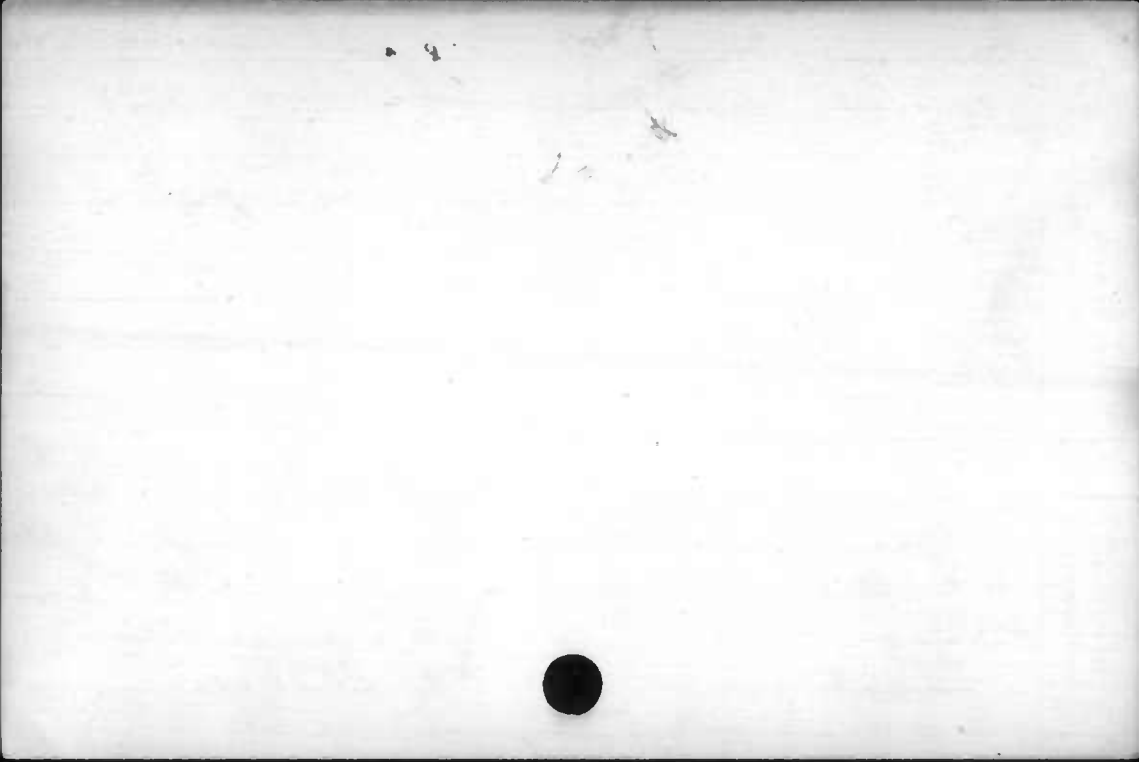
**Primary** *Mitral regurgitation* **How long** *3 days*

**Immediate** *Cerebral embolism* **How long** *1 day*

**Are the name, age, sex, color, date and place correctly given above?** *Yes*

**Signature of Physician** *William A. Boardman* **Address** *109 Virginia Ave., Cumberland Md.*

**Accident or Suicide** *None*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Peter Markz* Town *Cresaptown* County *Alleg.* **MARYLAND**

Died at *Cresaptown* *Alleg.*

Date of death 1909 *Nov.* Month *14* Day *80* Age *80* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Ollie Wigger*

Father's Name *Martin Markz* Father's Birthplace *Germany*

Mother's Maiden Name *D. K. L.* Mother's Birthplace *D. K. L.*

Name of person giving Information *Julius Grabenstein* How related to deceased *Son-in-law*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Carcinoma Stomach* How long *3 months*

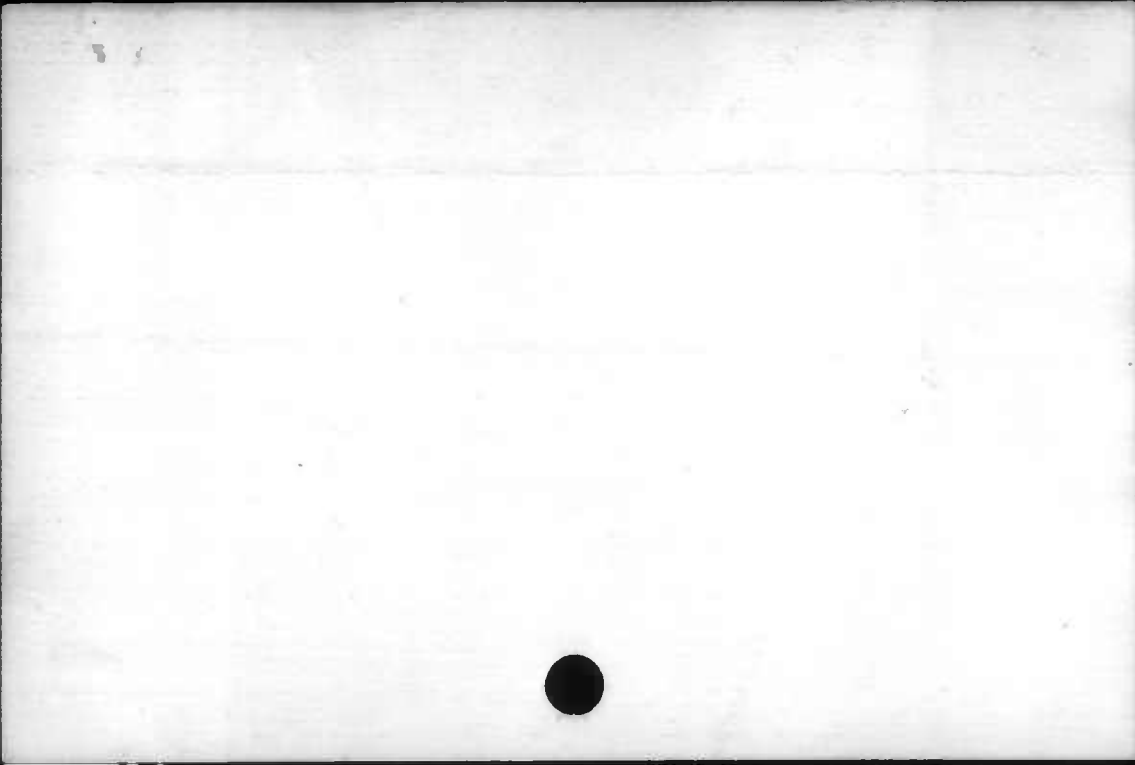
Immediate *Hemorrhage* How long *immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph Miller*,  
 Died at *Cumtland* *Alleg.* County  
 Date of death 1909 *Nov.* Month *8* Day Age *34* Years  
 Sex *Male* Color or Race *Colored* Birth-place *Ind*  
 Occupation *Waiter.* Where Residing if not at place of death *—*

MARYLAND

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mary Vir Robison*  
 Father's Name *Addison Miller* Father's Birthplace *Ind*  
 Mother's Maiden Name *Don't know* Mother's Birthplace *D.K.*  
 Name of person giving Information *Mary Miller* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Spinal meningitis* How long *14 days.*  
 Immediate *Uremia* How long *6 days.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Stein.*

*Spurgeon Sparks,*  
*104 N. Mechanic*  
*Sparks*

Accident or Suicide *—*

wife & children  
at Church  
Rev Green  
intended  
K. P.  
Mason

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Myers*

Town *Lonaconing* County *Allegheny* MARYLAND

Died at *Lonaconing*

Date of death 190 *9* Month *Nov* Day *12* Age *78* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Merchant* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ann Lee*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Myself Myers* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

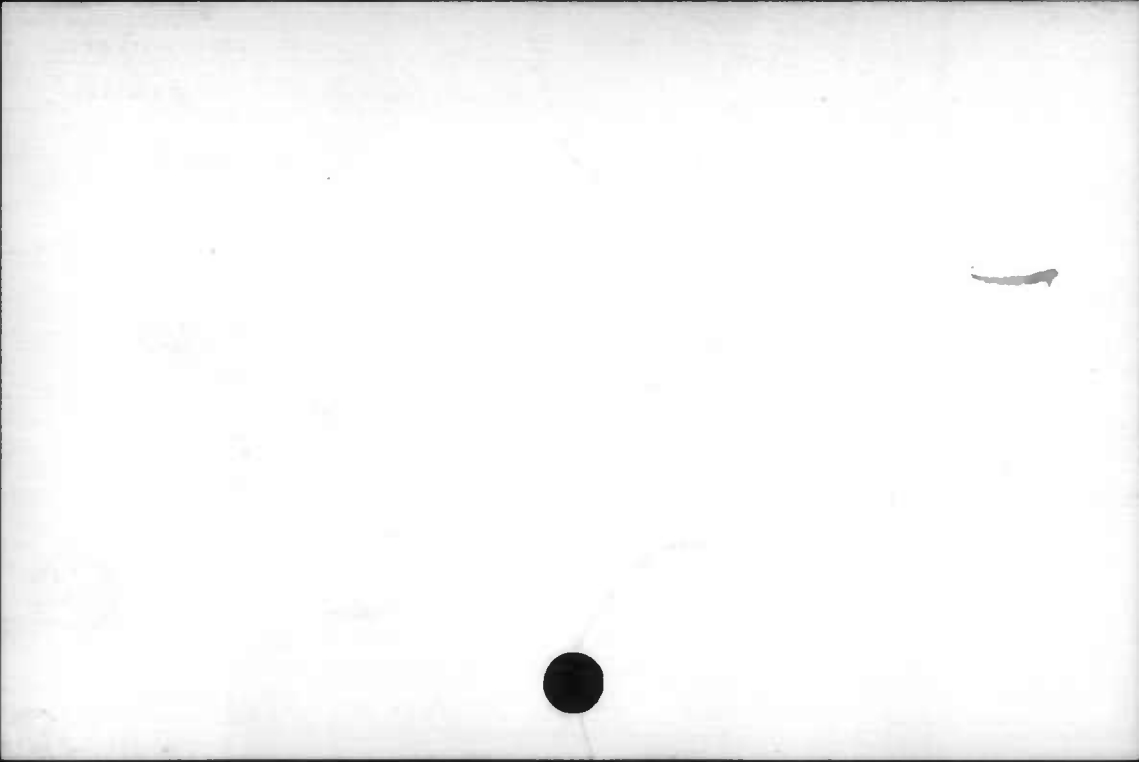
Primary *Myocardial Infarction* How long *2 1/2 years*

Immediate *Pulmonary Angerction* How long *3 hours*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling M.D.* Address *Lonaconing*

Accident or Suicide *No*



Name  
in  
Full

Nicodinus

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Int Sarag</u> <sup>Town</sup>		<u>Alleghany</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Nov	Day	2
Age	Years		Months		Days
Sex	Male		Color or Race	White	
Occupation			Birth-place	Int Sarag	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primry	<u>8 mm baby</u>	How long	<u>151</u> ✓
Immediate	<u>8 minutes</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>F. C. C. E. Humaykel</u>		
	Address <u>Int Sarag</u>		
Accident or Suicide			



Name  
in  
Full

William Offman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	11	Day	9
Age	32	Years		Months	
Sex	male	Color or Race	white	Birth-place	Frostburg Md
Occupation	miner	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Offman			Father's Birthplace	Germany
Mother's Maiden Name	Catherine Lemmurt			Mother's Birthplace	Germany
Name of person giving Information	William Crow			How related to deceased	Bro-in-law

CAUSES OF DEATH

120

Primary	Bright's disease	How long	3 months
Immediate	or exhaustion	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Frostburg, Md.	
Accident or Suicide			

PHYSICIAN  
OR CORONER

Hostberg Furniture and Co

---

German Lutheran Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

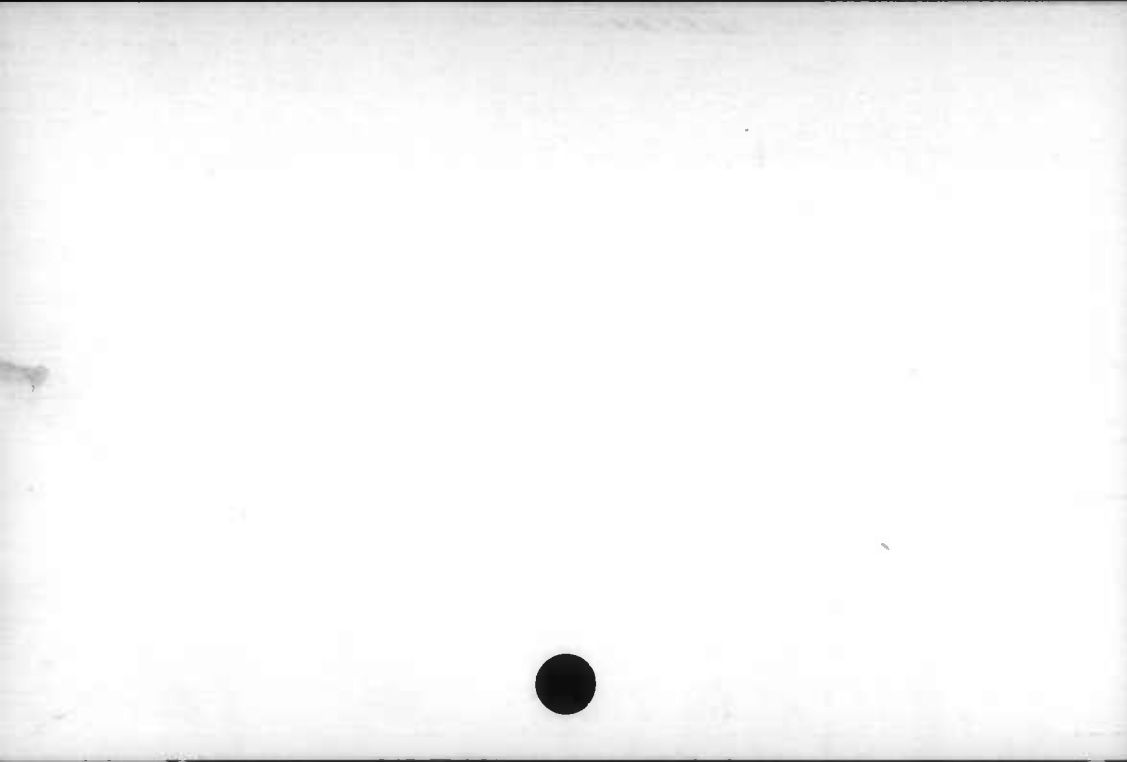
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mrs. James Park</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Month <i>Feb</i>		Day <i>18</i>		Years <i>74</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>18</i>		Years <i>74</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James Park (deceased)</i>					
Father's Name <i>Robert Cunningham</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Margaret Stewart</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Jessie Park</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

Primary	<i>Chronic interstitial Nephritis</i>	How long	<i>120</i>
Immediate	<i>Anasarca</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling M.D.</i>	
		Address <i>Lonaconing</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Geo. M. Pedew

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Curran

town

Allegheny

County

MARYLAND

Date

of death 190

9

Month

11

Day

16

Age

Years

39

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

Trackman

Where Residing if not  
at place of death

Fairhope Pa.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Pedew

Father's  
Name

Oliver Pedew

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Rebecca Pedew

Mother's  
Birthplace

Pa

Name of person giving  
Information

Mrs Mary Pedew.

How related  
to deceased

Wife

CAUSES OF DEATH

82

Primary

Cerebral Embolism

How long

1 hour

Immediate

Concussion

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

William R. Foard M.D.

Address

109 Virginia Ave  
Cumberland Md.

Accident or Suicide

Fairhope Pa

109 Virginia Ave.

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Richard Ailington Plant

Town

County

Died at

Baltimore

Alleg

MARYLAND

Date

of death 1909 Nov

Month

Day

10

Age

Years

29

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

O

Occupation

Sailor

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Bessie Mcbollowgh

Father's  
Name

Michael Plant

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary O'Neil

Mother's  
Birthplace

O

Name of person giving  
information

Bessie Plant

How related  
to deceased

Wife

## CAUSES OF DEATH

64

Primary

Apoplexy

How long

2 yrs

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E.H. White

Address

Baltimore

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

Lavessa Plummer

Town

County

MARYLAND

Died at

Shaft

Allegany

Date

of death

1909 Nov

Day

3

Age

52

Months

11

Days

17

Sex

Female

Color or  
Race

white

Birth-  
place

Vale Summit

Occupation

House wife

Where Residing if not  
at place of death~~Married, Single~~  
or WidowedName of Wife or  
Husband

Thomas Plummer

Father's  
Name

George Lohr

Father's  
Birthplace

Vale Summit

Mother's  
Maiden Name

Mary E. Bernard

Mother's  
Birthplace

Lonaconing

Name of person giving  
Information

Mrs. Mary E. Hunsell

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Heart Trouble

How long

1 year

Immediate

Heart Failure

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

George L. Linsinger  
Prothbury, Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Frostburg Hunt Club

---

W<sup>o</sup> Luckie

Secretary

Name  
in  
Full

Elizabeth Rhodes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Cumtland Alleg.* Town *Alleg.* County *MARYLAND*

Date of death 1909 Nov. 24 Age 72 Months — Days —

Sex *Female* Color or Race *Colored* Birth-place *Md*Occupation *None* Where Residing if not at place of death —Married, Single or Widowed *Widow* Name of Wife or Husband *Fredrick Rhodes*Father's Name *Don't know* Father's Birthplace *D.K.*Mother's Maiden Name *" "* Mother's Birthplace *Unknown*Name of person giving Information *Edward Rhodes* How related to deceased *Son*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONERPrimary *Cancer of stomach* How long *6 mos*Immediate *Exhaustion* How long *11 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Surgeon Spair**Stead* Address *Cumtland Md*Accident or Suicide *no*

Edward

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mollie Rizer*

Town

*Frostburg*

County

*Ally*

Died at

Date

of death

*1909*

Month

*Nov-**18*

Age

Years

*48*

Months

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Md.*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Simon Rizer*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Henrietta Kolbman*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Mr. Rizer*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Feeble minded*

How long

*46 years*

Immediate

*Paralysis heart*

How long

*Sudden*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*J. L. Conroy  
Frostburg Md.*

Accident or Suicide?

old Cemetery  
top of town

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Karoline Eloise Roby.* Town *Cumtland* County *Allegh.* **MARYLAND**

Died at *Cumtland* *Allegh.*

Date of death 1909 *Nov.* Month *14* Day *14* Age *2* Years *3* Months *4* Days

Sex *Female* Color or Race *White* Birth-place *Cumtland*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Clifton Roby.* Father's Birthplace *W. Va.*

Mother's Maiden Name *Hattie Grimes* Mother's Birthplace *W. Va.*

Name of person giving Information *Clifton Roby* How related to deceased *Father.*

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary *Crataurism* How long *6 hours*

Immediate *Tetanic muscular Contractions* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Thos. M. Hoover* Address *Cumtland*

*Sten*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hinsbury</i>		Town <i>Alley</i>		County		MARYLAND	
Date of death	1909	Month	Nov	Day	17	Age	64
Sex	<i>M</i>		Color or Race	<i>white</i>		Birth-place	<i>Thierville, Pa.</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Michael Ryan</i>				Father's Birthplace	
Mother's Maiden Name		<i>Ann Hutchinson</i>				Mother's Birthplace	
Name of person giving information		<i>Patrick C. Ryan</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cardiac disease</i>	How long	<i>7 to 24 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

J. Hafer  
Catholic C.

Name  
in  
Full

## CERTIFICATE OF DEATH

John W. Sauerbaugh

Town

County

MARYLAND

Died at Frostburg

Alleghany

Date

of death

1909

Month

Nov.

Day

27

Age

Years

82

Months

2

Days

8

Sex

male

Color or  
Race

white

Birth-  
place

Pa

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widowed

Name of Wife or  
Husband

Susan E. Walsh

Father's  
Name

Doubthear

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Doubthear

Mother's  
Birthplace

Pa

Name of person giving  
Information

Charles Sauerbaugh

How related  
to deceased

son

## CAUSES OF DEATH

Primary

Arteriosclerosis

How long

years

Immediate

Secundary

How long

years

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. C. Brier  
Frostburg, Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

F. F. & N Co.,  
Presby Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary A Shilling* Town *near Cumberland* County *Alleg.* **MARYLAND**

Died at *near Cumberland*

Date of death *1909 Nov. 11* Age *81* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Shilling*

Father's Name *Robert Mc Coy* Father's Birthplace *D.K.*

Mother's Maiden Name *Do not know* Mother's Birthplace *D.K.*

Name of person giving Information *Amos Lashley* How related to deceased *Son in law.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cardiac dililation* How long *1 year*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *W. R. Hodge*

*Stice* Address *Cumberland.*

Accident or Suicide *Flimsy*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John C Snyder* Town *Cumberland* County *allergany* MARYLAND

Died at *Cumberland* Date of death *1909* Month *11* Day *26* Age *15* Years Months *6* Days

Sex *male* Color or Race *White* Birth-place *Cannelville Pa*

Occupation *School-boy* Where Residing if not at place of death *Cumberland*

Merriad, Single or Widowed *Single* Name of Wife or Husband *don*

Father's Name *Wm m Snyder* Father's Birthplace *Brown Wood W Va*

Mother's Maiden Name *Annie Layton* Mother's Birthplace *Pa*

Name of person giving Information *Wm m Snyder* How related to deceased *Father*

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary *Laceration wound of Abdomen (Spleen)* How long *3 hrs*

Immediate *Shock, following removal* How long *14 hrs.*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *A. J. Lauschi*

Address *Cumberland Md.*

Accident or Suicide *Accident* *26. 22* *Cannelville Pa*



Name  
in  
Full

CERTIFICATE OF DEATH

*Jimmie R. Steward*

Town

County

MARYLAND

Died at *Cumberland*

*Beechey*

Date

Month

Day

Years

Months

Days

of death

1909

*Nov*

*8*

Age

*—*

*one -*

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Cumhd.*

Occupation

*none*

Where Residing if not  
at place of death

*—*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*—*

*None*

Father's  
Name

*Joseph C. Steward*

Father's  
Birthplace

*Cumhd.*

Mother's  
Maiden Name

*Laura L. Wilkes*

Mother's  
Birthplace

*Cumhd.*

Name of person giving  
Information

*Joseph C. Steward*

How related  
to deceased

*Father.*

CAUSES OF DEATH

Primary

*Meningitis*

How long

*4 days*

Immediate

*Aschmetz*

How long

*14 Day*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*J. P. Stagg*

Address

*Cumhd. Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles T. ...  
John ...  
James ...  
Benjamin ...  
George ...

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Joseph Taylor</b>		Town <b>Oldtown</b>		County <b>Allegh</b>		State <b>MARYLAND</b>	
Died at <b>Oldtown</b>		Month <b>Nov</b>		Day <b>15</b>		Years <b>29</b>	
Date of death <b>1909</b>		Age <b>29</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Md</b>			
Occupation <b>Logsgman</b>		Where Residing if not at place of death <b>Kulps Sawmill</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Martha Taylor</b>					
Father's Name <b>Joseph Taylor</b>		Father's Birthplace <b>England</b>					
Mother's Maiden Name <b>Eliza Taylor</b>		Mother's Birthplace <b>England</b>					
Name of person giving Information <b>Joseph Taylor</b>		How related to deceased <b>Father</b>					
CAUSES OF DEATH							
Primary <b>Broken Neck</b>				How long <b>Immediate</b>			
Immediate <b>caused by falling log</b>				How long <b>Immediate</b>			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

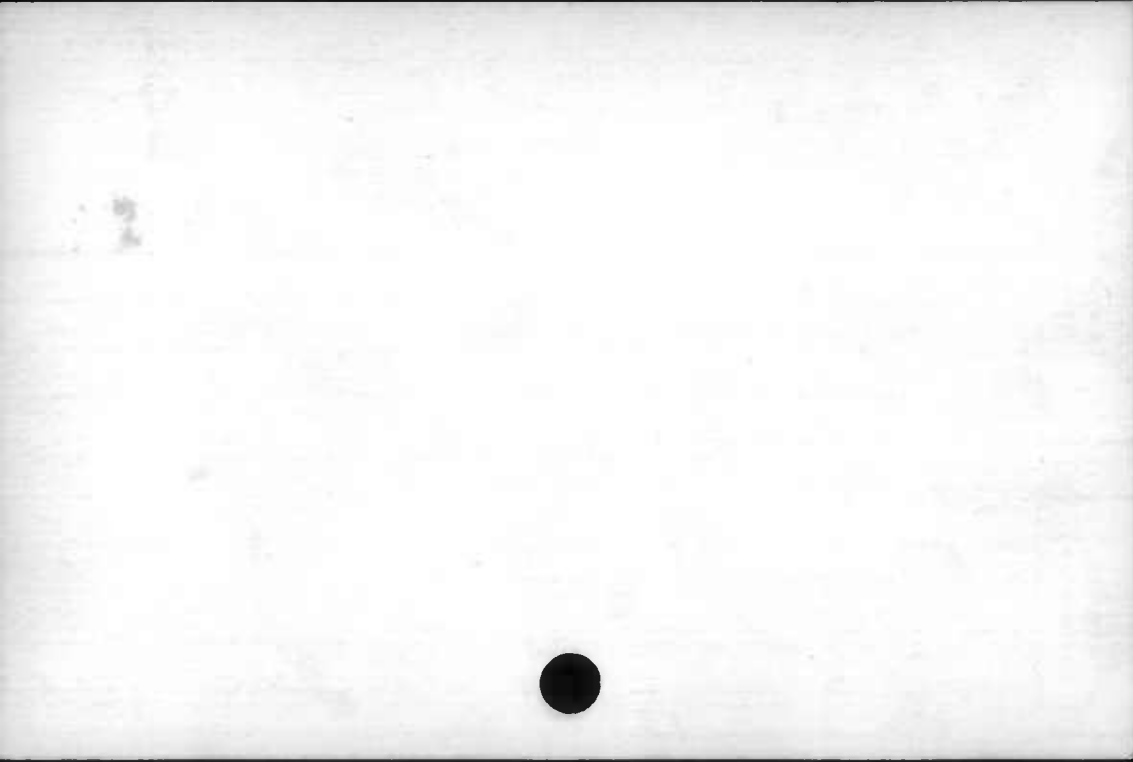
Signature of Physician

Address

**Dr. Hinebaugh**  
**Oldtown Md**  
*N. H. Hry*

Accident

**yes**



Name  
in  
Full

Lewis Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Frostburg <sup>County</sup> Allegany MARYLAND  
Date of death 1909 <sup>Month</sup> 11 <sup>Day</sup> 1 <sup>Age</sup> 2 <sup>Years</sup> 2 <sup>Months</sup> 22 <sup>Days</sup> 22  
Sex M. Color or Race W. Birth-place Md  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George W. Thomas

Father's Birthplace

Md

Mother's Maiden Name

Elizabeth Rank

Mother's Birthplace

Md

Name of person giving Information

J. W. Thomas

How related to deceased

Father

CAUSES OF DEATH

Primary

Plumming with infection  
Quint to death

How long

167

Immediate

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. W. O. McLean  
Frostburg Md.

Address

Accident or Suicide

Accident

L. L. & Co.

Her L. Cemetery

Name  
in  
Full

Abram E. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

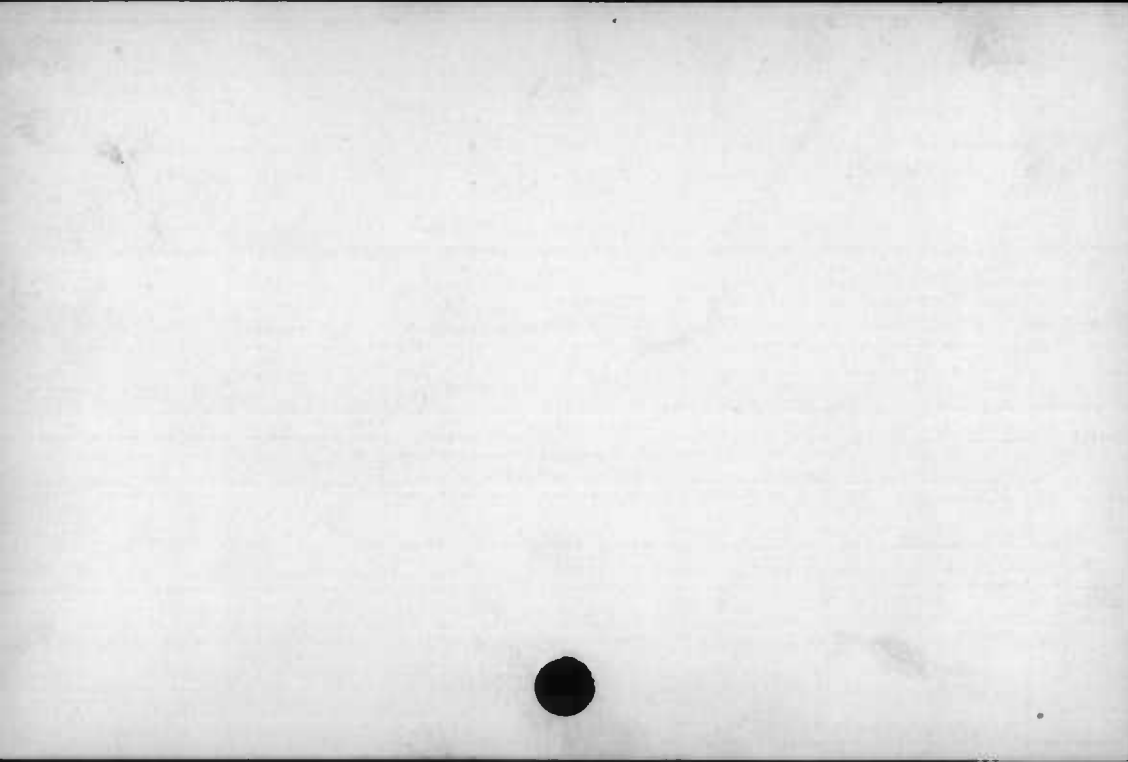
Died at <u>Gilmore</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND			
Date of death	<u>1909</u> <small>Month</small>	<u>Nov.</u> <small>Day</small>	<u>3</u> <small>Age</small>	<u>10</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>21</u> <small>Days</small>	
Sex	<u>male</u>		Color or Race	<u>white</u>		Birth-place	<u>Gilmore, Md.</u>
Occupation	<u>School-boy</u>			Where Residing if not at place of death	<u>Gilmore, Md.</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u></u>			
Father's Name	<u>Abram E. Thompson</u>				Father's Birthplace	<u>California</u>	
Mother's Maiden Name	<u>Margaret C. Kerr</u>				Mother's Birthplace	<u>Borden Shrift, Md.</u>	
Name of person giving information	<u>Abram E. Thompson</u>				How related to deceased	<u>Father</u>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>17 days</u>
Immediate	<u>Lobar Pneumonia</u>	How long	<u>17 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. P. O'Neil</u>
		Address	<u>Midland</u>
Accident or Suicide?	<u>no</u>		<u>Md.</u>



Name  
in  
Full

Bernard Walsh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sonscoming</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>5-</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sonscoming</i>		
Occupation <i>none -</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>John J. Walsh</i>			Father's Birthplace <i>West Va</i>		
Mother's Maiden Name <i>Mary Berkenbaugh</i>			Mother's Birthplace <i>Midland, Mo</i>		
Name of person giving Information <i>John J. Walsh</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

9

✓

PHYSICIAN  
OR CORONER

Primary	<i>Croup - Bronchitis</i>	How long	<i>24 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>3 short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullard M.D.</i>	
		Address <i>Sonscoming Maryland</i>	
Accident or Suicide <i>no</i>			



Name  
in  
Full

Louisa Hambach

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

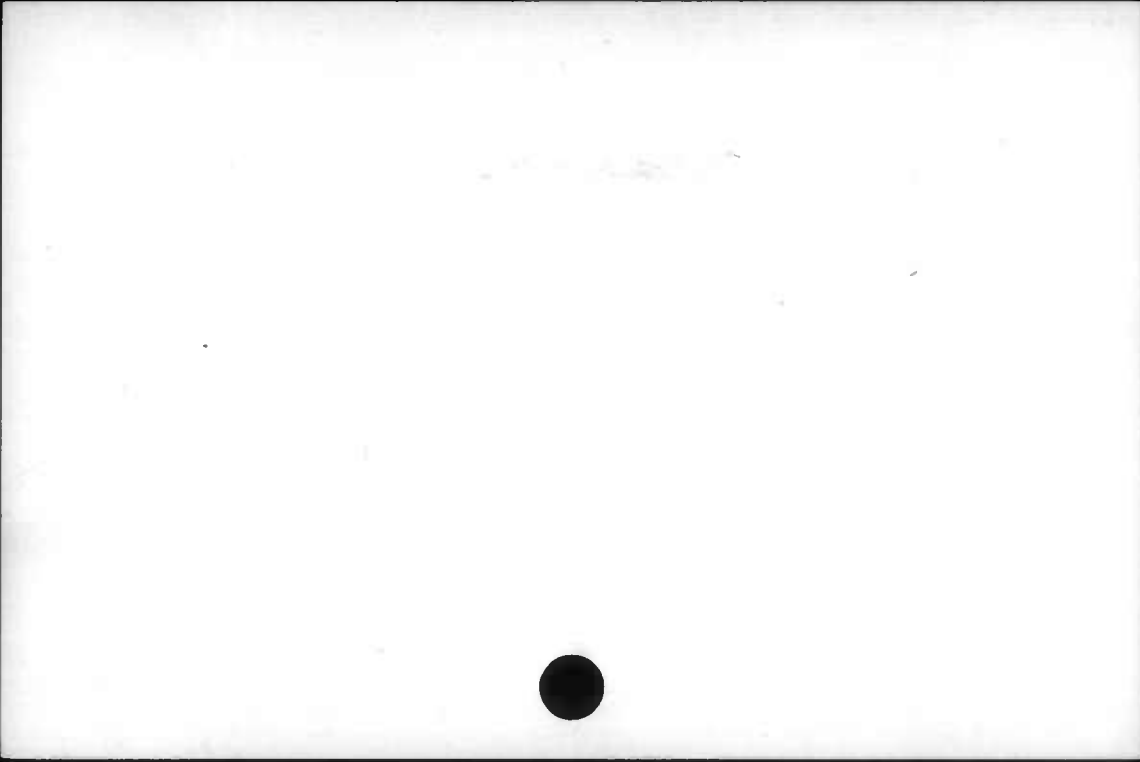
Died at Town Frostburg County Allegany MARYLAND  
Date of death 1909 Month 11 Day 29 Age 70 Years Months Days  
Sex M. Color or Race W. Birth-place Maryland  
Occupation H. W. Where Residing if not at place of death —  
Married, Single or Widowed Married Name of wife or John Hambach Husband  
Father's Name Conrad Heis Father's Birthplace Germany  
Mother's Maiden Name Unetta Althouse Mother's Birthplace Germany  
Name of person giving Information Mrs John Heis How related to deceased Sister-in-law

CAUSES OF DEATH

64

Primary Cerebral Hemorrhage How long 48 hours,  
Immediate Cause — How long —  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Dr. H. M. Lane  
Address Frostburg Md  
Accident or Suicide —

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie E. Wellings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>National</i>		Town <i>Stegany</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Nov.</i>	Day <i>18</i>	Age <i>26</i>	Years	Months <i>9</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frostburg Md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of dath <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. H. Wellings</i>					
Father's Name <i>John H. Hoskins</i>		Father's Birthplace <i>Frostburg Md.</i>					
Mother's Maiden Name <i>Elizabeth Dempster</i>		Mother's Birthplace <i>Frostburg Md.</i>					
Name of person giving Information <i>Maggie Hoskins</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Inanition</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Russell M.D.</i>
	Address <i>Lomacoring Maryland</i>
Accident or Suicide <i>No -</i>	

PHYSICIAN  
OR CORONER

Allegheny Cemetery  
Allegheny Cemetery

~~top of tower~~

Name  
in  
Full

Virginia E White

CERTIFICATE OF DEATH

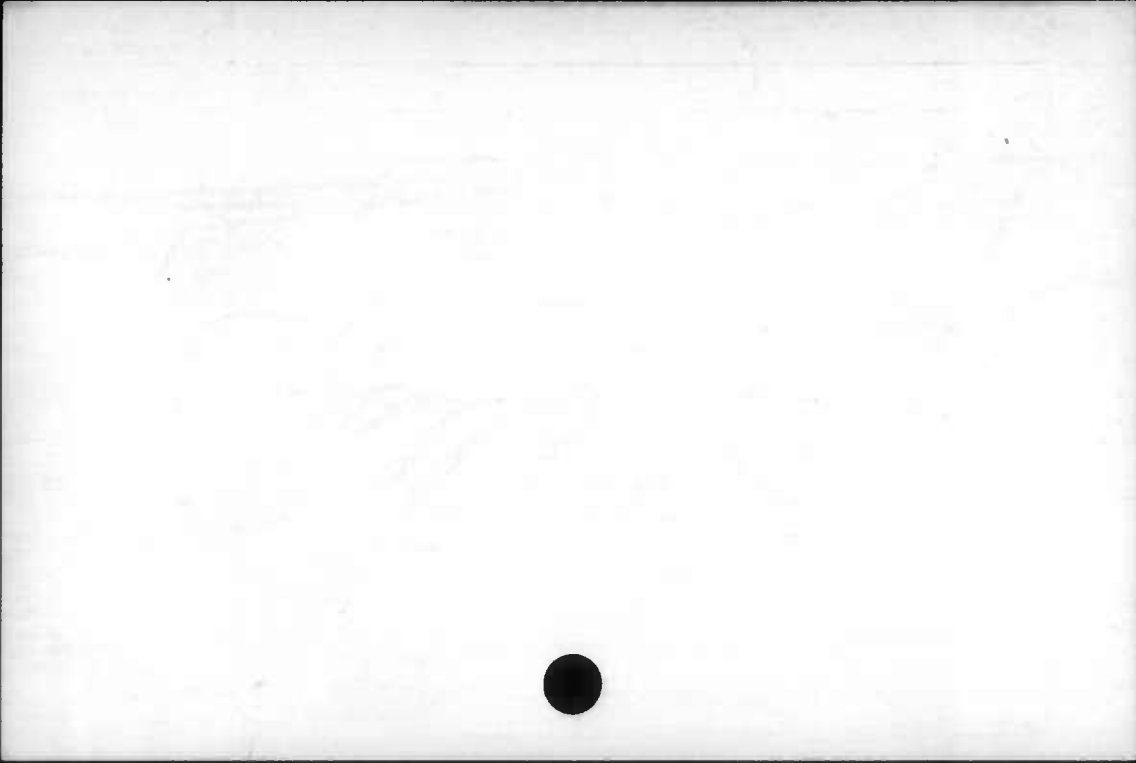
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	11	Day	9
Sex	Female	Color or Race	White	Age	75
Occupation	Nurse -		Where Residing if not at place of death	<u>Cumberland</u>	
Married, Single or Widowed	Widowed	Name of Wife or Husband	<u>Andrew White</u>		
Father's Name	<u>George Harrison</u>		Father's Birthplace	<u>England</u>	
Mother's Maiden Name	<u>Clara Woodrow</u>		Mother's Birthplace	<u>Morgantown Pa</u>	
Name of person giving Information	<u>Mrs Greder H Wilson</u>		How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

Primary	<u>Cancer in abdomen</u>	How long	<u>45</u>
Immediate	<u>Heart Exhaustion</u>	How long	<u>7 or 8 mns.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. W. Wiley.</u>
Address	<u>Cumberland Md</u>		
Accident or Suicide	<u>Whisking</u>		

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Month	Days
1909		Nov	11	11	11		
Sex		Color or Race		Birth-place			
M		white		Ind			
Occupation		Where Residing if not at place of death					
School Grad							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Henry Williams		Wales					
Mother's Maiden Name		Mother's Birthplace					
Jamel Paddock		Ind					
Name of person giving information		How related to deceased					
Mr. Thomas		None					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	2 yrs
Immediate	Cardiac disease	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Griffith	
Address		Frostburg Md	
Accident or Suicide?			

J. F. & N. Co

Allegheny

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Eastern River Town County MARYLAND  
Date of death 190 11 Month 18 Day 8 Age 81 Years 1 Months 1 Days 1  
Sex Male Color or Race White Birth-place Chesapeake  
Occupation Lighthouse Where Residing if not at place of death Chesapeake  
Married, Single or Widowed Widowed Name of Wife or Husband Sarah F. Wonn  
Father's Name Horatio Wonn Father's Birthplace Baltimore Co Maryland  
Mother's Maiden Name Sarah Wonn Mother's Birthplace Baltimore Co Maryland  
Name of person giving Information James Wonn How related to deceased Son

CAUSES OF DEATH

Primary Old age How long 1  
Immediate Paralysis How long 3 days  
Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address



Accident or Suicide

PHYSICIAN  
OR CORONER

Eckhart Am

J. F. & Co